Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **March 16-31**, **2004**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

c. TOTAL

d. Fed. % of eligible costs

NO.263 D02 10:03 EECI → 19163233Ø18 nmunications Facilities P Check here if ram Public Telec APPLICATION Revised Form FOR PTFP FUNDS NTIA/Department of Commerce/Washington DC 20230 FOR PTEP OMB Approval CFDA 11.550 Use APPLICATION PART I 2. Employer 10 # (EIN) 95-4548513 1. APPLICANT 15-910-6843 9. DUNS # Watts Cinema and Education Center, Inc. Legal Name Organizational Station Unit Call Moding Address (line 1) 73/ Channel Letters MHT 10124 S. Broadway, Suite 110-D Address (line 2 if required) Zlp 90003-4535 County Los Angeles State CA Los Angeles City E-mail wattstar@aol.com 4. Administrative Contact Position Jr. etc M. I. Lest Name W., Ma., Cr. First Name Executive Director Stanton Barbara J Ms. 757-7072 Fax# 323 Phone # (323) 757-7506 5. Engineering Contact Full Mr. Eugene Mock Engineer 310, 814-4544 E-mali gene.mock@ngc.com Tille Systems Integrator Enter "Y" if new & Enter the Enter Y if 6b. Old PROJECT INFORMATION Priority or FCC authorizations N Reactivation N Category under which are required 9. Enter letter(s) to classify project vou request 10.Length of the application (R)adio or (T)V T (B)roagcast or (N)onbroadcast N 12 (P)lanning or (C)onstruction Project (# of be reviewed or (BN) for both months) 11. Check ONE line which bast describes your project and enter the number of persons that the project will banafit Special Application NONBROADCAST Enter the population in the appropriate column DIGITAL NEW BROADCAST REPLACE OF 12 Single facility; repeater, banalator. EQUIPMENT olber playa to notenevice activation or expansion Congressional District of of TV station Applicant 37 Population Currently Served by station 13. Other Cong. districts served by project (e.g. PA 1-3, NY 4, 5-9) First Service added by NEW proposed facility CA 35, CA 39 20 ADDED SERVICE to those covered by piliers 4,000 15. Is application subject to review by Executive Order 12372? 16. Is applicant delinquent on 14, ESTIMATED FUNDING (whole dollars) any Federal Debt? This application wee made available to the State EO 12372 process for review on a. Federal Request 46,422 NO 03/30/2004 Enter YES or NO b. Applicant Share 15,474 If YES, attach explanation. Program is not covered by EO 12372

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17. CERTI	FICATION BY AUTHOR	RIZED REPRESENTATIVE To the beat	of my knowledge and	belief, all data in this application are true and correct
The docume Rules if the a	nt has been duly authorized scistance is awarded.	by the governing board of the applicant and Phone # (32		mply with the attached assurances and the PTFP
NV. Mai. Do	First Name	M. J. Last Name	" Jr. elc	Pasitan
Mrs.	Mary Alice	Maye		Treasurer
Signature of substractive	orized MANAMA	y Alise Thay	Oate signed	03-30-04_
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or Program has not been salected by

State for review

. NO

61,896

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wattstar

NO.263

APPLICATION FOR PTPP FUNDS PAGE 2

Public Telec nmunications Facilities P gran

NTIA/Department of Commerce/Washington DC 20230 CFDA 11.550 03MB Approv26 0660-0003

18. Summery of application (Summerize the purposes of the application in a few sentences.) The Watts Cinema and Education Center requests funding to establish a non-broadcast, community-based distance learning and technology production center for the Watts/Willowbrook communities in the city of Los Angeles, California. NEXT YEAR IF PROJECT THIS YEAR 19. Types of Applicant (Enter appropriate letter in box) 20. Station Operations Hrs./Wk Hrs./Wk Mumber Number A. State
B. County
C. Municipal
D. Township
E. Interstate J. Priváte University J. Private University
K. Indian Titles
L. IndiAndual (NOTE: Not eligible for PTFP funding)
M. Non-profit
O. Other (specify) Full-Time Staff 80 80 56 Part-Time Staff 4 3 44 F. Intermunicipa G. Special District
H. Independent School District 150 Volunteers 52 104 75 I. State Controlled Institute of Higher learning 242,334 Operating Budget 180,438 Membership in national public broadcasting organizations. 21. Public Broadcasting Affiliations Check if nonbroadcast application and therefore Q. 21 Enter "Y" as appropriate Not Applicable PRI Other NFCB NPR PRS Enter 'Y' if applicant is currently CPB qualified This year Date of expected qualification If applicant is NOT currently CPB qualified, onler "Y" if qualification is expected. Next year 22. New FCC Authorizations and/or New Sites required for this project (continue in Remarks section below if necessary or on snother page). Leased Owned FCC File # Site Name Channel # Proposed Community of license Have you applied to, intend to apply to, or received funds from, the Corporation for Public Broadcasting (CPB) or another Federal program for this project of a related project? Plaase provide information regarding funds from CPB or other Federal funds in the Remarks section below or on another Yes (No (circle one) Watts/Willowbrook - County of Los Angeles -24. List all public radio, TV stations or ITFS facilities which provide a similar 25. Areas type signal to the proposed service area (1 MV for FM, Grade B for TV). affected by California this Project Call Letters (Cities, Counties, City States. NONE None Etc.) Call Letters City Cell Letters City REMARKS (continuation of any Items from page 1 or this page- continue on plain paper attached to this page if necessary)

2

APPLICATI	ON PART I	NT)A/Depai	tment of Com CFD	nmerce/Washingto A 11.550	2. Еп	nployer			
1. APPLICA	NT				ID#	(EIN) 9	5- <u>221166</u>	1	
egal Name	KCET/Community T	elevision of Sou	ithern Californi	ia		JNS# <u>00</u>	0 - 678-134	8	
oganizational Juit	Not Applicable			•	Mein Station Call	_		KCET T	/ 28_
Mailing Address (Ine 1)	4401 Sunset Boulev	/ard		_	Letters	Radio	MHz	T✓	Channel
Address (line 2				_					
required) City	Los Angeles			State CA	Count	y <u>Los Anc</u>	jeles	Zip <u>900</u>	027-
I. Administrat	lve Contact		E-m	nail <u>dhinton@kcet</u> .	org				
DAT MA	., Dr. First Name	M. I.	Last Name		Jr. etc	Position	• ;		
Ms,	Deborah	Α,	Hinton			Executiv	e Vice Pre	esident	
		The second secon	a E I	₩ Fax#	(323) 95	3-534 7	_ ,	-	
³ hone # <u>(323</u>	3) 953-5204	[t]		307	1 221 20	• , •		• .	 .
5. Engineerlng		1 1 / 2	MAD'O T	2004 Engineer	(323) 95	3-5232			
Full Mr. Name	Horace Scott		MAD 3 L	Prione					
Title Vice	President, Engineeri	ng & Operations	and the second	E-mail	hscott@l	(Cet.org			
P) Enter letter(s) (P) (P) (P) (C) (P) (P) (P) (P) (P) (P) (P) (P) (P) (P	· • • • • • • • • • • • • • • • • • • •	or (T)V T	(B)roadcast or (N or (BN) for both	N)onbroadcast B	10.Length o Project (# months)	f # of _	12	. the	er which request application reviewed
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(P)lanning o (C)onstruction 11. Check ONE Enter the popilate of	C (R)adlo or (RT) Ellne which best describes valuation in the lourn fractify; repeater, transferor. Intentity tion added by	for both your project and ent DADCAST REPI augment BF EQUIPMEN	or (BN) for both ter the number of p LACE or ROADCAST CODIVITY OF T	persons that the projecDIGITAL	Project (# months) t will benefit	# of _	Congress District of Applicat	The berome of the following section of the fol	request application eviewed
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APPLICATION FOR PTFP FUNDS PAGE 2

Public Telecommunications Facilities Program NTIA/Department of Commerce/Washington DC 20230 CFDA 11.550

OMB Approval

		purposes of the				ta improve	microway	e slana	l and	link qualit	v to our
B. Summary of application CET/Community To able system operate	elevision of Sout ors and translate	thern Californ ors serving v	nia seeks t iewers in F	iunding a 3akersfie	ld and Vict	orville, Ca	alifornia and	the st	iround	ling region	is.
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	vandata lah	ar in hov)	-		20. Statio		THIS	YEAR	ı		IF PROJECT
. Types of Applicant (Er		ai iii box)	•		Oper	rations .	Number	Hrs./	Wk	Number	Hrs./Wk
A, Slate A. County C. Municipal D. Township	J. Private University K. Indian Tribe L. Individual (NOTE: N. Non-profit	Not eligible for PTf	≐P funding)		Full-	Time Staff	163		40	<u>: (183</u>	40
i. Interstate , Internunicipal a. Special District	Q. Other (epectfy)				Part-	Time Staff	. 4		25	4	2!
. Independent School Dis State Controlled Institute Higher learning	of .				ing a second sec	Volunteers	1000		0	1000	
	<u>. [M</u>	-		garan e	Operati	ing Budget	\$	42,207	,867	\$	43,052,000
·.	_				7.		·		1 .		
Public Broadcasting A	.ffillationa	Check If no application Not Applica	onbroadcast and therefor	re Q. 21		Members Enter "Y"	hip in national es appropriat	public b e.	roadcas	sting organiz	ations.
Enter "Y" if applicant it currently CPB qualifier	B d	MOCAPPIICI	зыс		<u> </u>	PBS	NPR 1	VECB	PRI	Other	Other
If applicant it.NOT	Dat	te of expected q	ualification	י ר	This year	Y		<u>:</u>			
currently CPB qualification enter "Y" if qualification is expected.	d, n				Next year	Υ					
Proposed Comm	nunity of license	Channel #	F	CC File#			Site Name		01	wned Le	въед
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			·								
Ple	eve you applied to, in other Federal progre ease provide informage.	intend to apply to am for this proje lation regarding	o, or received	d funds from d project? PB or othe	n, the Corpor	ds in the Re	marks section	o woled r	r on an		
Pic pa List all public radio, T signal to the propose	nother Federal progra ease provide informage.	am for this proje action regarding actilities which provided the V for FM, Grade	o, or received ect or a relate funds from Covide a similate for TV).	ar 2!	r Federal fund 5. Areas ffected by sis Project	The citle	bilc Broadcasi marks section s of Bakers ern Couunt e within Sa	sfield, L	amon	t, and Ros	v of
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APPLICATION FOR				,	Version 7/03
FEDERAL ASSISTANCE	Ε	2. DATE SUBMITTED March 29, 2004		Applicant Iden	tifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	Y STATE	State Applicat	ion Identifier
Construction	Construction	4. DATE RECEIVED BY	Y FEDERAL AGE	ICY Federal Identi	fier
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION Legal Name:	1		Organizational	Unit:	
Community Services & Employ	ment Training Inc (C-SF	=T\	Department:		
Organizational DUNS:	There training, inc. (0-5)	-1)	Community Dev	reiopment	
09-128-5288			Community, Yo	uth & Workforce Deve	
Address: Street:				onone number of pe application (give are	rson to be contacted on matters a code)
P.O. Box 1350			Prefix: Ms.	First Name: Mary Alice	
City: Visalia			Middle Name	inary / moo	
County: Tulare			Last Name Escarsega-Fect	iner	
State: CA	Zip Code 93279		Suffix:		
Country: USA		,	Email: mescarsega@d	eset ora	
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Number		Fax Number (give area code)
94-1701352			559-625-7004		559-733-3971
8. TYPE OF APPLICATION:			7. TYPE OF AP	PLICANT: (See bac	k of form for Application Types)
₽ Ne		n Revision	O. Not for Profit	Organization	
If Revision, enter appropriate let (See back of form for description	ter(s) in box(es) n of letters.)		Other (specify)	•	
Other (specify)			9. NAME OF FE USDA Rural De	EDERAL AGENCY: velopment	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	CE NUMBER:	11. DESCRIPTI	VE TITLE OF APPLI	CANT'S PROJECT:
TITLE (Name of Program): Rural Business Enterprise Grar 12. AREAS AFFECTED BY PR Pixley, Tipton, and Earlimart of	ROJECT (Cities, Counties	1 0 - 7 6 9 s, States, etc.):	jump start new	small businesses in s project will be operate	ab is a new project designed to outhern rural Tulare County, ad in Pixley – a USDA-designated
13. PROPOSED PROJECT	Tulate County, CA		14 CONGRESS	SIONAL DISTRICTS	OF:
Start Date:	Ending Date:		a. Applicant	SIGNAL DIGITAGE	b. Project
June 1, 2004 15. ESTIMATED FUNDING:	May 31, 2005		21 16 IS APPLICA	TION SUR IECT TO	21 REVIEW BY STATE EXECUTIVE
		All control of the co	ORDER 12372 I	PROCESS?	
a. Federal \$ b. Applicant	ECEIVED	51,842.00	a. res. 📂 AV		I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372 V ON
c. State \$	LULI	00	_ 	ΓE: March 29, 2004	
d. Local \$	APR 1 2004	. 00		•	/ERED BY E. O. 12372
e. Other \$		11651 200.00	b. No.	PROGRAM HAS NO	T BEEN SELECTED BY STATE
f. Program Income	ATE CLEARING HO	USEI1, 200 °	FOI	R REVIEW	NT ON ANY FEDERAL DEBT?
g. TOTAL \$		53,042			Phone:
18. TO THE BEST OF MY KNO	DWI EDGE AND DELIE	·		attach an explanation	
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF	THE APPLICANT	AND THE APPLICA	NT WILL COMPLY WITH THE
a. Authorized Representative	First Norse			Aiddle Nome	
Prefix Ms.	First Name Carolyn			Middle Name	
Last Name Rose	-			Guffix	
b. Title Executive Director	• Audi 444 August 1990 1990 1990			Telephone Number	(give area code)
d. Signature of Authorized Repr	esentative /			559-732-4194 Date Signed	10
Previous Edition Usable	of Rose			3-3	<i>19 − 0 ↓</i> Standard Form 424 (Rev.9-2003)
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APPLICATION FOR				ОМВ	Approval No. 0348-00
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED March 2	21, 2004	Applicant Identifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED B	BY STATE	State Application Identifier	
Application Construction	Preapplication Construction	4. DATE RECEIVED B	BY FEDERAL AGENCY	Federal Identifier	
✓ Non-Construction	☐ Non-Construction				
5. APPLICANT INFORMATION			Ta : : : : : : : : : : : : : : : : : : :		
Legal Name: IOTD Hispanic Rese	arch Center		Organizational Unit: Corporation		
Address (give city, county, State			-	number of person to be contact	cted on matters involvi
5637 N. Pershing Av Stockton, CA 95207	enue, Suite B6b		this application (give a Roy Nunez (2	209) 472-0438	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		7. TYPE OF APPLICA	ANT: (enter appropriate letter i	
68-0269	1 3 8		A. State	H. Independent School Dist.	N
8. TYPE OF APPLICATION:			B. County C. Municipal	State Controlled Institution Private University	of Higher Learning
☐ Nev	v 🗸 Continuation	Revision	D. Township	K. Indian Tribe	
If Revision, enter appropriate let	ter(s) in box(es)		E. Interstate	L. Individual	
		D	F. Intermunicipal	M. Profit Organization	orofit Org.
1 110100000	crease Award C. Increase Control Cont	e Duration	G. Special District	N. Other (Specify) Non-p	oront Org.
D. Decrease Duration Other	Specify).		9. NAME OF FEDERA	AL AGENCY:	· · · · · · · · · · · · · · · · · · ·
			U.S. Department	of Agriculture	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	JMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJ	IECT:
			San Joaquin Cou	inty Rural Bü siness En e	rorise Program
	Business Enterprise F			REC	EIVED
12. AREAS AFFECTED BY PRO		nes, etc.):		AP.	R 1 2004
Cities of Lathrop and Frei	nch Camp, CA			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:		STATEC	LEARING HOUSE
Start Date Ending Date 4/1/04 3/31/05	a. Applicant 11th D	istrict	b. Project	11th District	
15. ESTIMATED FUNDING:	1,110		16. IS APPLICATION	SUBJECT TO REVIEW BY S	TATE EXECUTIVE
10.201			ORDER 12372 PR	ROCESS?	
a. Federal	\$	114,500	a. YES. THIS PREA	APPLICATION/APPLICATION	WAS MADE
b. Applicant	\$	48,000		TO THE STATE EXECUTIVE FOR REVIEW ON:	E ORDER 12372
c. State	\$.00	DATE		
d. Local	\$.00		AM IS NOT COVERED BY E.	O 12272
e. Other	\$,00		GRAM HAS NOT BEEN SELE	
f. Program Income	\$	00	17. IS THE APPLICAT	NT DELINQUENT ON ANY F	EDERAL DEBT?
g. TOTAL	\$	162,500	Yes If "Yes,"	attach an explanation.	 ✓ No
18. TO THE BEST OF MY KNOWN DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE GO	VERNING BODY OF TH	CATION/PREAPPLICAT HE APPLICANT AND TH	TON ARE TRUE AND CORRI HE APPLICANT WILL COMP	ECT, THE LY WITH THE
ATTACHED ASSURANCES IF		RDED. b. Title		c. Telephone Number	
a. Type Name of Authorized Rep Roy Nunez	resentative	Director / CEO		(209) 472-0438	
d. Signature of Authorized Repre	sentative) ^			e. Date Signed	

Previous Edition Usable

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Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

APPLICATION FOR		DUNS-145	5727889	ОМВ Арр	oroval No. 0348-004
FEDERAL ASSISTAN	ICE	2. DATE SUBMITTED March 29, 2004		Applicant Identifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application Construction Mon-Construction	Preapplication Construction Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Proteus, Inc.			Organizational Unit: N/A		
Address <i>(give city, county, State,</i> 1830 N. Dinuba Blvd. Visalia CA 93291	and zip code):		this application (give a	number of person to be contacted prea code) dwin (559) 733-5423 e	
6. EMPLOYER IDENTIFICATION 9 4 - 2 1 8 4	NUMBER (EIN):		7. TYPE OF APPLICA	ANT: (enter appropriate letter in b	ox)
			A. State	H. Independent School Dist.	
	ease Award C. Increase	B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District	I. State Controlled Institution of I J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) Comm. No		
D. Decrease Duration Other(s	pecny):		9. NAME OF FEDERA	AL AGENCY:	
				relopment Agency	
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NU	IMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJEC	
	ss Enterprise Grant (F	1 0 - 7 6 9 RBEG)	Proteus is propos provide education enable them to o	sing a Culinary progra nal opportunities to individe btain the knowledge, skills	m which will uals that will
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:			
Start Date Ending Date 7/1/04 6/30/05	a. Applicant 21s	st	b. Project	Rural Business	
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PR	SUBJECT TO REVIEW BY STA	TE EXECUTIVE
a. Federal	\$ (ED	98,503		APPLICATION/APPLICATION WA	
b. Applicant	SEIVED	49,600		E TO THE STATE EXECUTIVE OF FOR REVIEW ON:	RDER 12372
c. State	c. State			03/10/04	
d. Local s s s s s s s s s s s s s				AM IS NOT COVERED BY E. O. 1 GRAM HAS NOT BEEN SELECT (IEW	
f. Program Income	\$.00	17. IS THE APPLICAL	NT DELINQUENT ON ANY FEDE	RAL DERT?
g. TOTAL	\$	48,103		attach an explanation.	☑ No
18 TO THE BEST OF MY KNOW	LEDGE AND RELIEF ALL	DATA IN THIS APPLIC	ATION/PREAPPLICAT	TION ARE TRUE AND CORRECT	THE.

DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative

Michael E McCann

b. Title

Chief Executive Officer

c. Telephone Number

(559) 733-5423

d. Signature of Authorized Representative e. Date Signed 3-29-04

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Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

APPLICATION FOR OMB Approval No. 0348-0043 2. DATE SUBMITTED FEDERAL ASSISTANCE Applicant Identifier March 26, 2004 1. TYPE OF SUBMISSION: 3. DATE RECEIVED BY STATE State Application Identifier Application Preapplication Construction Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Non-Construction Non-Construction 5. APPLICANT INFORMATION Legal Name: Organizational Unit: West Hills Community College District Economic Development Address (give city, county, State, and zip code): Name and telephone number of person to be contacted on matters involving this application (give area code) 9900 Cody Avenue Coalinga, CA 93210 Cathy Barabe (559) 934-2147 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) 7 7 - 0 3 2 3 4 4 7 1 A. State H. Independent School Dist. 8. TYPE OF APPLICATION: B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University Revision New Continuation D. Township K. Indian Tribe If Revision, enter appropriate letter(s) in box(es) E. Interstate L. Individual F. Intermunicipal M. Profit Organization A. Increase Award B. Decrease Award C. Increase Duration G. Special District N. Other (Specify) _ D. Decrease Duration Other(specify): 9. NAME OF FEDERAL AGENCY: RURAL DEVELOPMENT / USDA 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Pre-Application: See Attached Summary Sheet TITLE: Rural Business Enterprise Dev. (RBEG) 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Huron / Fresno County 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: b. Project Start Date Ending Date a. Applicant STATE CLEARING HOUSE 7/1/04 6/30/05 California 20th District Technical Assistance to S 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE **ORDER 12372 PROCESS?** a. Federal \$ 99.500 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE b. Applicant \$ AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 50,000 PROCESS FOR REVIEW ON: c. State \$ DATE ____ 00 d. Local \$ b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372 00 e. Other ☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE \$

149,500 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE

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DOGGINENT TIAG BEEN BOET AGTHORIZED BY	THE GOVERNING BODT OF THE AFF	EICANT AND THE AFFEICANT WILL COMPET WITH THE
ATTACHED ASSURANCES IF THE ASSISTANCE	IS AWARDED.	
a. Type Name of Authorized Representative	b. Title	c. Telephone Number
Frank Gornick /	Chancellor	(559) 934-2102

d. Signature of Authorized Representative

\$

e. Date Signed

FOR REVIEW

Yes If "Yes," attach an explanation.

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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f. Program Income

g. TOTAL

Standárd Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

✓ No

APPLICATION Public Telecommunications Facilities Program

Check here	if
Revised For	m

OMB Approval 0660-0003			TIA/Dep		Commerce/\ CFDA 11.55		on DC 20	11	or PTFP Jse	Revised Fo	orm
1. APPLICA	NT						2 10	Employer (EIN)	77-016261	7	
Legal Name Organizational		Public Television,	Inc.				3 Main	. DUNS #	61-193-091	18	
Unit Mailing Address	KVPT						Station Call			KVPT TV	18
(line 1) Address (line 2	1544 V	an Ness Avenue			-		Letters	R	tadio MHz	TV	Channel
if required)											
City	Fresno				State C			unty <u>Fres</u>	no	Zip <u>9372</u>	1-1213
4. Administrati	ve Contac	t			E-mail pbro	therton@	kvpt.org				
Mr., Ms.,	Dr. First N		M. I.	Last Nam	e		Jr. etc	Position	1		
Ms.	Phy	lis	MI	Brother	fon			Sr. Vi	ce President	& CFO	***************************************
Phone # <u>(559</u>)) 266-18	00 ext. 42	ML	LULIU	lastith than	Fax#	(559 ₎	650-1880)		
5. Engineering	Contact			APR 1	2004		,				
Full Mr. R	Rodger J	aye Hixon				Engineer Phone	(559)	266-1800)		
	f Engine	ar	STAT	ECLEARIN	IG HOUSE	E-mail	rhivon	@kvpt.or	~		
<u>Office</u>	Ligitic		992000					@kvpt.or	4		
PROJECT IN	FORMA	TION	6a. Enter "	Y" if vation N	6b. Old File #		7. Enter	"Y" if new uthorization	a N	8. Ente	
9. Enter letter(s)	to classify	project	Neacu	vation 14	riie #	***************************************	are re		15 <u>11</u>	Priority Catego under	ory
(P)lanning or (C)onstruction	<u>C</u>	(R)adio or (T)\ or (RT) for both	′ Т	(B)roadcast or (BN) for b	or (N)onbroadca	ast B	10.Length Projec		12	you re	quest plication
Enter the populappropriate column appropriate colum	ation in the umn rently on	best describes your pr NEW BROADCAS facility: repeater, translator.	augment I EQUIPME	PLACE or BROADCAST	✓ DIGITAL conversion of put or TV station 2,500,000		NONBRO	ADCAST	12. Single Congress District of Applicant13. Other Congress of Congress o	sional f t 19 ing. districts serve	ed by 5-9)
ADDED SERVIOR those covered b		To be a second to the second t		······································		10 THE TOTAL THE					
		IDING (whole dol	lars)	15. Is applic	cation subject to	review by E	executive Or	der 12372?		ipplicant delinquideral Debt?	uent on
ı. Federal Reque	est \$	146,804	<u> </u>	_∡ YES	This application State EO 1237	ı was made 2 process fe	available to or review on	the	,		
. Applicant Shar	re \$	220,206	š		03/26/2004	·			NO Enter V	ES or NO	
. TOTAL	\$	367,010		NO	Program	is not cover	ed by EO 12	2372		attach explana	tion.
l. Fed. % of eligi	ible costs		0/		or Progra	m has not b review	een selecte	d by			
		40.00		<u> </u>							
	has been	BY AUTHORIZED duly authorized by the warded.			applicant and	the applica	ant will com	elief, all da oply with th	ta in this applica ne attached as	ation are true ar surances and	nd correct. the PTFP
	irst Name		M. I.	Last Name	-110He # (55	59 ⁾ 266-	1800 Jr. etc	Position			
Ms.	Paula	ے مانام دسر	Α	Castadio				Preside	ent & CEO		
ignature of authorized		Paula G					Date	21	below		
epresentative	t	june c	•				signed	-4	34 6 J L /		

APPLICATION FOR PTFP FUNDS PAGE 2

Public Telecommunications Facilities Program NTIA/Department of Commerce/Washington DC 20230 CFDA 11.550

OMB Approval 0660-0003

18. Summary of application (Summa Valley Public Television, Inc. master control switcher to re	(KVPT) seeks funding	assistance to p		gital mast	er control e	quipment, i	ncluding a d	igital
19. Types of Applicant (Enter approp	priate letter in box)		20. Stat		THIS	YEAR	NEXT YEAR FUNI	
A. State J. Private U B. County K. Indian Tr			Ope	rations	Number	Hrs./Wk	Number	Hrs./Wk
	I (NOTE: Not eligible for PTFP fit	funding)	Full	-Time Staff	26	40	26	40
F. Intermunicipal G. Special District H. Independent School District			Part	-Time Staff	10	20	10	10
State Controlled Institute of Higher learning	М			Volunteers	1	4	1	4
			Operat	ting Budget	\$	2,848,353	\$	3,000,000
21. Public Broadcasting Affiliations	Check if nont application ar Not Applicabl	nd therefore Q. 21		Membersi Enter "Y"	nip in national	public broadc	asting organiza	tions.
Enter "Y" if applicant is currently CPB qualified				PBS	NPR N	IFCB PRI	Other	Other
If applicant is NOT	Date of expected qual	ification	This year	Υ		d all all all all all all all all all al		
currently CPB qualified, enter "Y" if qualification is expected.			Next year	Y				
	,	FCC File #			ite Name		Owned Leas	
(circle one) another Fede Please provid page.	olied to, intend to apply to, o ral program for this project of le information regarding fund	or a related project? ds from CPB or other				. ,	nother	
 List all public radio, TV stations or ype signal to the proposed service ar City 	r ITFS facilities which provic rea (1 MV for FM, Grade B t Call Letters	for TV). aff thi s (C Co	i. Areas fected by s Project ities, ounties, ates,	and Kern	ies: Fresno		are, Kings, M /isalia and B	
City	Call Letters	Etc	c.)					
City	Call Letters	3						
EMARKS (continuation of and it	from page 4 and this are			A - 4L'				
EMARKS (continuation of any items	nom page 1 or this page	continue on plain par	per attached	to this page	it necessary)			

f. Program Income	\$.	.00	
			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$ 830,000	.00	Yes If "Yes," attach an explanation.
18. TO THE BEST OF MY KNOW	VLEDGE AND BELIEF, ALL DATA	NATHIS APPLIC	ATION/PREAPPLICATION ARE TRUE AND CORRECT, THE

DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

n. Type Name of Authorized Representative Roberto Barragan	b. Title President	c. Telephone Number (818) 907–9977
l. Signature of Authorized Representative		e. Date Signed
		numag

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Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

MAR 3 0 2004

STATE CLEARING HOUSE

Public Telecommunications Facilities Program APPLICATION FOR PTFP FUNDS Revised Form NTIA/Department of Commerce/Washington DC 20230 For PTFP CFDA 11.550 Use APPLICATION PART I 2. Employer ID # (ÈIN) 1. APPLICANT 94-1421463 KVIE, Inc 00-985-4852 Legal Name 3. DUNS # Organizational Unit Main None Station Call KVIE TV 6 Mailing Address (line 1) Letters 2595 Capitol Oaks Drive Radio MHz Channel Address (line 2 if required) City Sacramento State CA County Sacramento Zip 95833-2926 4. Administrative Contact E-mail wmwall@kvie.org Mr., Ms., Dr. First Name Position M. I. Last Name Jr. etc Mr. Michael Wall Vice President of Technology Phone # (916) 641-3570 Fax # (916₎ 641-3698 5. Engineering Contact Full Name Mr. Michael Wall MAK 3 0 2004 Engineer 916, 641-3570 E-mail Vice President of Technology wmwall@kvie.org STATE CLEARING HOUSE PROJECT INFORMATION 6a. Enter "Y" if 6b. Old 7. Enter "Y" if new 8. Enter the Reactivation File # FCC authorizations N Priority or Category under which are required 9. Enter letter(s) to classify project you request 10.Length of (R)adio or (T)V T or (RT) for both (B)roadcast or (N)onbroadcast B the application (P)lanning or 12 Project (# of be reviewed (C)onstruction or (BN) for both months) 11. Check ONE line which best describes your project and enter the number of persons that the project will benefit **Broadcast Other** Enter the population in the NEW BROADCAST REPLACE or ✓ DIGITAL NONBROADCAST augment BROADCAST EQUIPMENT facility; repeater, conversion of public radio activation or expansion 12. Single Congressional District of translator or TV station Population Currently Applicant 5 Served by station 4,443,794 13. Other Cong. districts served by project (e.g. PA 1-3, NY 4, 5-9) First Service added by NEW proposed facility ADDED SERVICE to those covered by others 15. Is application subject to review by Executive Order 12372? 16. Is applicant delinquent on 14. ESTIMATED FUNDING (whole dollars) any Federal Debt? This application was made available to the State EO 12372 process for review on ✓ YES a. Federal Request 285,720 NO 03/26/2004 b. Applicant Share \$ 428,580 Enter YES or NO If YES, attach explanation.

17. CERTII	FICATION BY	Y AUTHORIZED REPR	ESENTATIVE	To the best of my know	ledge and	belief, all data in this application are true and correct.
The documer Rules if the as	nt has been dul ssistance is awar	y authorized by the governing ded.		olicant and the applications # (916) 641-		mply with the attached assurances and the PTFP
Mr., Ms., Dr.	First Name	M. I.	Last Name		Jr. etc	Position
Mr.	David	Н	Hosley			President/General Manager
Signature of autho representative	rized	Du 14. 1	tosley		Date signed	3.26.04

State for review

Program is not covered by EO 12372

or Program has not been selected by

_ NO

KVIE-JRG

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d. Fed. % of eligible costs

\$

714,300

40.00

c. TOTAL

APPLICATION FOR PTFP FUNDS PAGE 2

Public Telecommunications Facilities Program NTIA/Department of Commerce/Washington DC 20230 CFDA 11.550

Application is for digital master contr capability.	ol equipment a	nd installation	for KVIE-DT	high-defi	nition and	standard-de	finition mult	icast
19. Types of Applicant (Enter appropriate lette	er in box)		20. Station	on	THI	S YEAR		IF PROJECT
A. State J. Private University			Oper	ations	Number	Hrs./Wk	Number	Hrs./Wk
B. County K. Indian Tribe C. Municipal L. Individual (NOTE: N D. Township M. Non-profit	Not eligible for PTFP fo	unding)	Full-	Time Staff	6	3 2520	63	2520
E. Interstate O. Other (specify) F. Intermunicipal G. Special District			Part-	Time Staff	2:			367
H. Independent School District I. State Controlled Institute of				Volunteers	365			435
Higher learning M			Operati	ing Budget		12,256,433		12,500,000
21. Public Broadcasting Affiliations	Check if nonbi application an Not Applicable	d therefore Q. 21		Members Enter "Y" PBS	as appropria	ul public broade te. NFCB PR	easting organize	ations. Other
Enter "Y" if applicant is currently CPB qualified			71.	1 00	141.13	NI OB TT	1 Other	Ollici
If applicant is NOT currently CPB qualified.	e of expected quali	fication	This year	Υ			Y	Y
enter "Y" if qualification is expected.			Next year	Υ			Υ	Υ
Proposed Community of license	Channel #	FCC File #			Site Name		Owned Lea	sed
23. Yes (No) (circle one) Have you applied to, in another Federal programmer Please provide information page.	am for this project o	or a related project	t? her Federal fund	ds in the Re	emarks sectio	n below or on		
24. List all public radio, TV stations or ITFS fartype signal to the proposed service area (1 MV)			25. Areas affected by this Project	Butte, C	alaveras, (Colusa, Con	Alameda, A tra Costa, E	l Dorado,
City	Call Letters	3	(Cities, Counties, States,	Nevada.	Placer, Pl	umas, Sacr	ed, Mono, N amento, Sar ter, Tuolum	i Joaquin,
City	City Call Letters			and Yub		msiaus, su	iter, ruolum	ne, roio,
City	Call Letters	<u> </u>				Julius de la companya		
REMARKS (continuation of any items from pa	ge 1 or this page	continue on plain	paper attached	to this page	e if necessary	')		

FEDERAL ASSISTA	NCF.	2. DATE SUBM	IITTED		A	Applicant loder
1.TYPE OF SUBMISSION:		3. DATE RECEI	VED BY STAT			Sede Appellant to the Affin
	eapplication	3. DATE RECEI	VED BY SIAI	E	٥	State Application Identifier
Construction	Construction	4. DATE RECEI	VED BY FEDE	RAL A	GENCY F	ederal Identifier
Non-Construction	7 //) i	E G F I	WF	_	,	
5. APPLICANT INFORMA		4 (0) 11 11	W E	n	 	
Legal Name: City of Teha	achapi				nizational	
Address (give city, county, state		MAR 29	2004	Name this	e and telep application	phone number of person to be contacted on matters involving n (give area code)
115 South Robinson St Tehachapi, CA 93561	reet			PI		
· ·	STATE	CLEADU			David	A. James (661) 822-2200 ext. 107
6. EMPLOYER IDENTIFICATION	(EIN):	CLEARIN	IG HOUS	17. tv		PLICANT: (enter appropriate letter in box)
				\top		[C]
					State County	H. Independent School Dist. I. State Controlled Institution of Higher Learning
8. TYPE OF APPLICATION:	. —			D.	Municipal Township	J. Private University p K. Indian Tribe
✓ N	ew L Cont	tinuation F	Revision	F.	Interstate Intermunic	cipal M. Profit Organization
If Revision, enter appropriate let	ter(s) in			G.	Special D	District N. Other (Specify)
		<u> </u>		l		
	Decrease Award	c. Increase Du	ration			<u>.</u>
D. Decrease Duration O	ther (specify):				WE OF FE	
				9. NA	ME OF FE	EDERAL AGENCY:
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCI	E NUMBER:		11. D	ESCRIPTI	VE TITLE OF APPLICANT'S PROJECT:
						
TITLE: 12. AREAS AFFECTED BY PRO	IECT (Cities Counties	States etc.				
	JEOT (Offices, Counties,	, States, etc.)				
City of Tehach	api					
13. PROPOSED PROJEC		ESSIONAL DI	STRICTS C	F:		
Start Date Ending Date	a. Applicant				b. Projec	st
15		NDING			16 IS AD	PLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE
		INDING			ORD	PER 12372 PROCESS?
a. Federal	\$		60,000	0.00	a. YE	ES. THIS PREAPPLICATION/APPLICATION WAS MADE
b. Applicant	\$		60,000	000	1	AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
b. Applicant	¥		00,000	.00		
c. State	\$					
						DATE
d. Local	\$				b. NO	O PROGRAM IS NOT COVERED BY E.O. 12372
e. Other	\$					OR PROGRAM HAS NOT BEEN SELECTED BY
e. Other	7					STATE FOR REVIEW
f. Program Income	\$				47 IC TU	IE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
	·				ļ 	r
g. Total	\$		120,000	.00	╽┕╹╵	∕ES (Attach explanation)
18. TO THE BEST OF M	Y KNOWI FDGE	AND BELIEF	ALL DATA	A IN	THIS AF	PPLICATION/PREAPPLICATION ARE TRUE AND
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APPLICANT WILL COMPL		TACHED AS		S IF	THE AS	
a.Type Name of Authorized Repre			b. Title		!4 🏲	c. Telephone Number
David A. Jan d Signature of Authorized Represe	I US entative		Con	ımu	nity De	evelopment Dire (661) 822-2200
	amb					3/23/04
Previous Edition Usable	~		~ 			STANDARD FORM 424 (REV. 4-92)
AUTHORIZED FOR LOCAL REPROD	OCHON					Prescribed by OMB Circular A-102

Prescribed by OMB Circular A-102

APPLICA7	TION FOR					OMB Approval No. 0348-004
	ASSISTA	NCE	2. DATE SUBMITTED March 24	 4, 2004	Applicant Identifier	
1. TYPE OF SUI	BMISSION:		3. DATE RECEIVED BY	STATE	State Application Idea	ntifier
Application Construct Non-Cons		Preapplication Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
5. APPLICANT		Non-construction	L	#		
Legal Name:				Organizational Unit:		
Address (give ch P.O. Box 9 Forestville	ty, county, State, 954 , CA 95436		2 4 2004	Name and telephone rethis application (give a Mr. John Loce (707) 576-132	rea code) BV Or 22	Mr. Hal Wood (707) 887-7735 e letter in box)
68 —	0 3 2 8	1 3 2		_		G
8. TYPE OF APP If Revision, enter A. Increase Aw D. Decrease D	New r appropriate lette	er(s) in box(es)	ARING HOUSE Revision Duration	A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District	H. Independent Scho I. State Controlled Ins J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)	stitution of Higher Learning
	,	•		9. NAME OF FEDERA	AL AGENCY:	
				USDA Rural Dev	elopment	
		DMESTIC ASSISTANCE NU	10-760	11. DESCRIPTIVE TI	TLE OF APPLICANT'S	S PROJECT:
		aste Disposal Loan ar				
	inty, Californi	JECT (Cities, Counties, Sta a	tes, etc.):			
13. PROPOSED	PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:	<u> </u>		
Start Date 9/1/04	Ending Date 10/31/05	a. Applicant		b. Project	First	
15. ESTIMATED	FUNDING:			16. IS APPLICATION ORDER 12372 PF		W BY STATE EXECUTIVE
a. Federal			,550,000	a. YES. THIS PREA	APPLICATION/APPLIC	CATION WAS MADE
b. Applicant		\$ 	0.00	Į.	E TO THE STATE EXE FOR REVIEW ON:	ECUTIVE ORDER 12372
c. State		\$	0	DATE	03/24/04	
d. Local		\$	0		AM IS NOT COVERED	- D BY E. O. 12372
e. Other		\$.ºº	OR PRO		N SELECTED BY STATE
f Program Incom	30	d.	00			

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE

0

1,550,000

ATTACHED ASSURANCES IF THE ASSISTANCE IS AWA	RDED.	
a. Type Name of Authorized Representative Mr. Edward Monroe	b. Title President	c. Telephone Number (707) 887-7735
d. Signature of Authorized Representative,		e. Date Signed ジーエオーロチ

Previous Edition Usable

g. TOTAL

✓ No

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

Yes If "Yes," attach an explanation.

APPLICATION FOR PTFP FUNDS

Public Telecommunications Facilities rogram NTIA/Department of Commerce/Washington DC 20230 For PTFP

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Use				

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y	San Die	qo				State (.40	<u> </u>
Administrati	vo Contact			STA	TE CLE	FRIN OIL	vv@founda	ation.sdsu.e	edu		
Мг., Мв.	, Dr. First N	ame	ľ	M. I.	Last Name	-		Jr. etc	Position		
Ms.	Marn	ì			Levy W	ilton			Grant St	pecialist	
опе # <u>(619</u>	9) 594-287	′0					Fax #	<u>(619)</u> 59	4-4950		
Engineering	Contact										
Full Mr. I	Leon Mes	senie					Enginear Phone	(619) 59	<u>14-8146</u>		
	ctor of En	gineering &	<u>IT</u>				E-mail	lmessen	ie@kpbs.	.org	
ROJECT I	NFORMA	TION	5 9	, Enter'Y	r" If ation N	6b, Old File	#		horizations	Υ	8. Enter the Priority or
Enter letter(s	s) to classify	project		1000.0	u1141.			ste tedn	iired		Calegory under which you request
	,		or (T)V	Ŕ	(B)roadcas	t or (N)onbroad	deast B	10.Longth (Project (12	the application
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APPLICATION FOR PTFP FUNDS PAGE 2

Public Telecommunications Facilities Program NTIA/Department of Commerce/Washington DC 20230 CFDA 11.550

8. Summary of application (Su	mmarize the pu	irposes of the a	pplication in	a few sente	ences.)	145 -	- J MDDC I	OT Chan	nal 30	Son Die	200
San Diego State Universi California seek federal fu- ncrease its audience to in resulting from a requeste San Diegans. Priority 18	nding assista nclude over d power Incr	ance to repla 167,500 peo ease to 4,4K	ice the KP ple curren (w will sign	BS-FM a itly unser ificantly	iging trans	smission (v public r	chain. The	project w Moreo	ver, th	e signal	uparade
19. Types of Applicant (Enter a	ppropriata lettet	rin box)			20. Stati		THIS	YEAR	NE	XT YEAR FUN	IF PROJECT DED
	vata University				Oper	rations	Number	Hrs./W	k l	Number	Hrs,/Wk
B. County K. Ind C. Municipal L. Ind	lian Tribe Ividual (NOTE: No	at eligible for PTF	P (undlng)		Full	-Time Staff	24	1	40	24	40
E. Interstate O. Oti F. Intermunicipal	n-profit her (spocify)				Part	-Time Staff	30		15	30	15
G, Special District H. Independent School District I. State Controlled Institute of						Voluntaers	130	- ·	2	130	2
Higher learning	М				Operat	dng Budget	\$	4,403,7	72 \$		4,403,772
21 . Public BroadcastIng Affillati	ions	application	nbroadcast and therefor	e Q. 21		Members Enter "Y"	ship in nations	ıl public bro	adcasti	ng organiza	ations.
Enter "Y" If applicant is		Not Applica	ible			PBS	NPR	NFCB	PRI	Other	Other
currently CPE qualified	/Date	e of expected qu	uallflestion		This year	Y	Y		Y	Y	Υ
If applicant is NOT currently CPB qualified, prior "Y" if qualification					Next year	V	Y		Υ	Y	Y
KPBS-FM - San Die	ego, CA	208B	BMPED-	2001032	1ABF Mt	. San Mig	uel - San E	Diego, CA		X	
	M F) GBTB GOIVE	am for this projection regarding callities which provided the call Leading Call Lea	oct or a relati funds from C rovide a simil e B for TV), stlers	ar 2 ar 2 ar ()	s. Areas ffected by als Project Cities, ountles, states, etc.)	San Did	ego County	on below or		ther	
SEE ATTACHED							expires 10/31/20		ua Edillo	ns NOT ueal	bia
Authorized for Local Reproduction	7	kpbs	fm04		2	11/12 TONT) 6	10/31/2t	ING LIBNID	-a -uiii0	uadi	

APPLICATION FOR FEDERAL ASSISTANCE	:	2. DATE SUBMITTED	h	Applicant Identi	fier Version 7703
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	bruary 26, 2004 STATE	State Application	n Identifier
Application	Pre-application			Y Federal Identific	
☐ Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENC	rederal identilie	#1
Non-Construction	Non-Construction				,
5. APPLICANT INFORMATION			Organizational U	nit:	
Legal Name: Self-Help Enterpri	ses		Department:		
Organizational DUNS:			Division:		
05617990 Address:	J6		Name and teleph	one number of per	son to be contacted on matters
Street:			involving this ap Prefix:	plication (give area	code)
P. O. Box 6520					ario
City: Visalia			Middle Name		
County: Tulare County	UU MAH 2	9 2004	Last Name Oro	sco	
State: CA	Zip Code 93290		Suffix:		
Country: United States	STATE CLEAR	RING HOUSE	Email: ma	rioo@selfhelpenterp	
6. EMPLOYER IDENTIFICATION			Phone Number (g		Fax Number (give area code)
94-1592676	1		(559) 651-1000	i	(559) 651-3634
8. TYPE OF APPLICATION:					of form for Application Types)
	w Continuatio	n Revision	O. Not for Profit	Organization	
(See back of form for description	of letters.)	П	Other (specify)		
Other (specify)			9. NAME OF FED	DERAL AGENCY:	SDA Rural Development
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:		E TITLE OF APPLIC	
TITLE (Name of Program): Housing Preservation Grant 12. AREAS AFFECTED BY PR		10-433	The Preservation providing grants Standards.	on of housing for very to repair homes and	low income households by bring them up to RHS Thermal
Unincorporated communities in					
13. PROPOSED PROJECT	Trango ario moroco		14. CONGRESS	IONAL DISTRICTS	OF:
Start Date:	Ending Date:		a. Applicant 21		b. Project 18, 20
October 1, 2004 15. ESTIMATED FUNDING:	Noven	nber 30, 2005		TION SUBJECT TO	REVIEW BY STATE EXECUTIVE
		THE STATE OF THE S	ORDER 12372 P	ROCESS?	/APPLICATION WAS MADE
a. Federal \$		100,000	a. Yes. 🖊 AVA	ILABLE TO THE STA ICESS FOR REVIEV	ATE EXECUTIVE ORDER 12372
b. Applicant \$					
c. State \$		400,000		E: February 26, 200	
d. Local \$			D. NO. 11.1		ERED BY E. O. 12372
e. Other \$			- FOR	REVIEW	T BEEN SELECTED BY STATE
f. Program Income			17. IS THE APP	LICANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL		500,000	Yes If "Yes" a	attach an explanatior	No No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	E GOVERNING BODT OF	PLICATION/PREA THE APPLICANT	AND THE APPLICA	NT WILL COMPLY WITH THE
a. Authorized Representative			ln.	liddle Name	
Prefix	First Name Peter				
Last Name Carey				uffix	
b. Title Chief Executive Of	flicer			. Telephone Number (559) 651-1000	(give area code)
d. Signature of Authorized Repr			е	Date Signed 2	27.04
Previous Edition Usable	/				Standard Form 424 (Rev.9-2003

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p.2

OMB Approval No. 0348-0043

APPLICATION FOR I	FEDERAL ASSISTANCE	2. Date Submitted	Applicant Identifier
1. Type of Submission:		3. Date Rec'd by State	State Application Identifier
Application	Preapplication		
Construction	Construction	4. Date Rec'd by Federal	Federal Identifier
X_ Nonconstruction	Nonconstruction E W	3	1 98910004
5. Applicant Information:		Organizational Unit:	
Legal Name and Address:	11-51	Division of Water Quality	
(give city, county, state, and	d zip code MAR 29 20		
State Water F	Lesources Control Board	involving this application (give area co	ode):
1001 1 Street	Sacramento County	James Maughan	
Sacramento,	California 9581 STATE CLEARING	3 (9(6),34153\$22	
6. Employer Identification	Number (EIN): 680281986	7. Type of Applicant: (enter appropria A. State H. Indepe	endent School District
6. DUNS Number: 80	08321913	B. County I. State In	stitute of Higher Learning
8. Type of Application:			University
New X Revision	Continuation	D. Township K. Indian	
If Revision, enter appropria	nte letter(s): A	E. Interstate L. Individ	
A. Increase Award	B. Decrease Award		Organization
C. Increase Duration	D. Decrease Duration	G. Special District N. Other	(specify)
Other (specify)			
		9. Name of Federal Agency:	
 Catalog of Federal Do 66.419 	mestic Assistance Number	U. S. Environmental Pro	
	ion Control_State and Interstate upport (106 Grants)	11. Descriptive Title of Applicant's P	roject:
		To establish and maintain adequate m	
12. Area Affected by Proje	ect:	and control of surface and ground wat	er pollution in California.
(cities, counties, states, etc			
California	·		• •
13. Proposed Project:			
Start Date	End Date	14. Congressional District of:	
7/1/03	6/30/08	Applicant: Project: California	ı - All
15. ESTIMATED FUNDI	NG:	16. Is the application subject to revie	w by the State
		Executive Order (EO) 12372 process?	
a. Federal	\$5,386,548	a. YES:X This application	
b. Applicant	\$0	available to the State E0	O 12372 process for
c. State	\$6,569,211	review on:	<i></i>
d. Local	\$0	-1	arch 29, 2004 ·
e. Other "In-Kind"	\$4,686,052		covered by EO # 12372
f. Program Income	\$0	Program has not state for review.	t been selected by the
g. TOTAL	\$16,641,811	17. Is the applicant delinquent on any YES, attach explanation	
TRUE AND CORRECT,	THE DOCUMENT HAS BEEN DULY	DATA IN THIS APPLICATION/PREAL AUTHORIZED BY THE GOVERNING THE ATTACHED ASSURANCES IF THE	BOARD OF THE
a. Typed Name of Author	ized Representative	b. Title:	c. Telephone Number
Celeste Can		Executive Director	(916) 341-5615
d. Signature of Authorize	d Representative		e. Date Signed:

APPLICATION FOR		2. DATE SUB	MITTED		Applicant Id	Version 7/03
FEDERAL ASSISTANCE		March 16, 200			Applicant Id	entifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE REC				ation Identifier
Construction	Construction	4. DATE REC	EIVED BY	FEDERAL AG	ENCY Federal Idea	ntifier
☑ Non-Construction	✓ Non-Construction					
5. APPLICANT INFORMATION Legal Name:				Organization	al Unit	
				Department:	ai Oilit.	
Williams Day Care Carrie Willian Organizational DUNS:	_	WEI	-+	N/A		
N/A	n G G L	<u> </u>		Division: N/A		
Address:	U)					person to be contacted on matters
Street: 1050 W. Griffith wy #210	MAR 26	2004	וע	Prefix:	s application (give a First Name:	rea code)
				None	Carrie	
City: Fresno			~-	Middle Name Chimere		-
County: Fresno	STATE CLEAR	NG HOU	SE	Last Name Williams		
State: Ca	Zip Code			Suffix:		
	93705	****		None		
Country: USA		•		Email: None		
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):			Phone Number	er (give area code)	Fax Number (give area code)
06-1688644				(559) 221-887	7	(559) 221-8877
8. TYPE OF APPLICATION:	240-00-00-00-00-00-00-00-00-00-00-00-00-0			7. TYPE OF A	APPLICANT: (See ba	ack of form for Application Types)
		n 🎵 Revi	sion	Individual Inh	ome Licensed Child (Care
(See back of form for description	of letters.)			Other (specify)	ha F
Other (specify)					censed Child Care In	
C C				U.S. Departm	ent of Agriculture,Rur	al Development community Facilities
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:				LICANT'S PROJECT:
		1 0 - 7	6 6	Project to exp	and and improve Sm	all Family Day Care Home
TITLE (Name of Program): Rural Housing Service Communi	ity Facilities Grant Progr	am				
	12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):					
Fresno City, County, and Surrou	nding areas					
13. PROPOSED PROJECT				14. CONGRE	SSIONAL DISTRICT	S OF:
Start Date:	Ending Date:			a. Applicant		b. Project
March 17, 2004 15. ESTIMATED FUNDING:	March 18, 2005			N/A	CATION SUBJECT T	N/A O REVIEW BY STATE EXECUTIVE
			30	ODDED 42271	DDOCECCO	1
a. Federal \$		200,000		a. Yes. T	HIS PREAPPLICATION	N/APPLICATION WAS MADE TATE EXECUTIVE ORDER 12372
b. Applicant \$			10		ROCESS FOR REVIE	ı
c. State \$	3.5.7.7.5.		00	D.	ATE:	
			10			
d. Local \$				b. No. 🎵 Pl	ROGRAM IS NOT CO	OVERED BY E. O. 12372
e. Other \$			00			OT BEEN SELECTED BY STATE
f. Program Income \$					OR REVIEW	
}			0			ENT ON ANY FEDERAL DEBT?
g. TOTAL \$			10	17. IS THE AF	PLICANT DELINQU	·
	WI EDGE AND DELIEF	200,000	10	17. IS THE AF ☐ Yes If "Yes	PLICANT DELINQU	on. 🖾 No
g. TOTAL \$ 18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T	UTHORIZED BY THE (200,000 ALL DATA IN GOVERNING E	THIS APPL	17. IS THE AF Yes If "Yes	PPLICANT DELINQU attach an explanation APPLICATION ARE	on. V No
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18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF TO BE A CONTROL OF THE ACT OF THE A	AUTHORIZED BY THE OHE ASSISTANCE IS AVERTICAL NAME Carrie	200,000 ALL DATA IN GOVERNING E	THIS APPL	17. IS THE AF Yes If "Yes	" attach an explanation " attach an explanation " APPLICATION ARE IT AND THE APPLIC Middle Name Chimere Suffix None	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE

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Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102 6617262615

Standard Form 424

APPLICATION FOR	7			OMB Approval No. 0348-00
FEDERAL ASSIST	ANCE	2, DATE SUBMITTED		Applicant Identifier
		ľ		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED B	Y STATE	State Application Identifier
Application Construction	Preapplication			
1 2 3	Construction	4. DATE RECEIVED B	y Federal Agency	Federal Identifier
Non-Construction	Non-Construction		;	CA-90-Y257
5. APPLICANT INFORMATIO	N .	<u> </u>		
Legal Name:	and Turning to A	nthority	Organizational Unit:	
Antelope val.	ley Transit A			
Address (give city, county, Sia	111111111	GEIVE		number of person to be contacted on matters involving
1031 West Ave		4 V L3	this application (give	
Lancaster, C	A 93534			ningham -2616 Ext. 209
6. EMPLOYER IDENTIFICATI	ON NUMBER VALUE	WAR 2 6 20K		ANT: (enter appropriate letter in box)
95-437				G
[A13] [4] 31 V	<u> </u>		A. State	H. Independent School Dist.
8. TYPE OF APPLICATION:	ISTATE	I FARING HO	(8-County	L State Controlled Institution of Higher Learning
□ No		LEARING HOL	C.Municipal	J. Private University
· -	• • • • • • • • • • • • • • • • • • • •		D. Township	K. Indian Tribe
Il Revision, enter appropriate k	aner(s) in pox(es)	। । ।	E. Interstate F. Intermunicipal	L. individual M. Profit Organization
A Increase Award B. De	ecrease Award C. Increase	n Duration	G. Special District	N. Other (Specify)
	r(specify):		a option, balla.	
		ı:	9, NAME OF FEDER	AL AGENCY:
/			U.S. Dep	artment of Transportation
in the state of th	en julia en la sprenspagnia (j. 17		i .	ransit Administration
10. CATALOG OF FEDERAL		MBEA:	11. DESCRIPTIVE TO	TLE OF APPLICANT'S PROJECT:
Federal Trans	itFormula [20-507	Capital a	of admin & maintenance
Grants (Urban	Area Formula	Program)	purchase	ar admin & maintenance
			Carlita	, construction of transit
12. AREAS AFFECTED BY PF Antelope Vall			and operas	reventive maintenance,
Los Angeles C				
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:		
Start Date Ending Date	a. Applicant		b. Project	
4-1-03 12-31-04			25	
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE
			ORDER 12372 PR	
a. Federal	\$ 2,733,0	100	. •	
				APPLICATION/APPLICATION WAS MADE
b. Applicant	15	.**		TO THE STATE EXECUTIVE ORDER 12372
c. State			PROCESS	FOR REVIEW ON:
r cate	\$,"	NATE "	3-25-04
d. Local	\$ 0.10	60	DATE	
<u> </u>	949,50	50 ·	b. No. 13 PROGRA	M IS NOT COVERED BY E. O. 12372
e. Other	/\$.80	OR PROC	TRAM HAS NOT BEEN SELECTED BY STATE
			FOR REV	/IEW
f: Program Income	\$	00		Secretary Burnston
- TOTAL			17. IS THE APPLICAN	IT DELINQUENT ON ANY FEDERAL DEBT?
g, TOTAL	1 3,682,50) () . 	Yes I("Yes."	attach an explanation.
18. TO THE REST OF MY KING				and the second s
DOCUMENT HAS BEEN DIN VIOL	WLEDUE AND BELIEF, ALL	DATA IN THIS APPLICA	ATIONPREAPPLICAT	ION ARE TRUE AND CORRECT, THE IE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF	THE ASSISTANCE IS AWAR	rumma bout Or THE RDED.	EAPPLICANT AND TH	EWLFIONITATION COURT AND THE
a. Type Name of Authorized Rep	presentative	b. Tille		o. Telephone Number
Ronald D. Cun	ningham	Finance Ma	nager	661-726-2616 Ext 209
J. Signaluje of Authorized Repre	Bentaliva .			a. Date Stoned
Previous Edition Uegble	more	13m		3-25-0 9 Standard Form 424 (Hev. 7-97)
Authorized for Local Reproduction	on :	X.		Prescribed by OMB Circular A-102





FTA

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	1640
Recipient Name:	CITY OF GARDENA
Project ID:	CA-90-Y283-00
Budget Number:	1 - Budget Pending Approval
Project Information:	CAPITAL ASSISTANCE

Part 1: Recipient Information

Project Number:	CA-90-Y283-00
Recipient ID:	1640
Recipient Name:	CITY OF GARDENA
Address:	1700 WEST 162ND ST., GARDENA, CA 90247 0000
Telephone:	(310) 217-9523
Facsimile:	(310) 538-1989

Union Information

Recipient ID:	1640
Union Name:	GARDENA MUNICIPAL EMPLOYEE ASSOCIATION
Address 1:	100 Oceangate, Suite 1200
Address 2:	
City:	Long Beach, CA 90802 0000
Contact Name:	Fred Quiel
Telephone:	(562) 628-5551
Facsimile:	(760) 631-7780

Recipient ID:	1640
Union Name:	AFSCME, LOCAL 1117
Address 1:	1618 Gramercy Avenue
Address 2:	
City:	Torrance, CA 90501
Contact Name:	George Jones
Telephone:	(310) 328-3106
Facsimile:	(310) 328-5541



Recipient ID:	1640
Union Name:	AMALGAMATED TRANSIT UNION (ATU)
Address 1:	5025 Wisconsin Avenue, N.W.
Address 2:	
City:	Washington, DC 20016 4139
Contact Name:	JAMES LA SALSA
Telephone:	(202) 624-6800
Facsimile:	(202) 244-7824

Recipient ID:	1640
Union Name:	ATU LOCAL #1277
Address 1:	3200 Wilshire Blvd., Suite #11
Address 2:	
City:	Los Angeles, CA 90010 1315
Contact Name:	Neil Silver
Telephone:	(213) 383-1277
Facsimile:	(213) 487-7350

Recipient ID:	1640
Union Name:	INTERNATION BROTHERHOOD OF TEAMSTERS
Address 1:	25 Louisiana Avenue, NW
Address 2:	
City:	Washington, DC 20002
Contact Name:	James Hoffa
Telephone:	(202) 624-6800
Facsimile:	(202) 624-8110

Recipient ID:	1640
Union Name:	TEAMSTERS
Address 1:	3202 East Willow Street
Address 2:	
City:	Long Beach, CA 90806
Contact Name:	Chester Mordasini
Telephone:	(562) 595-4518

Recipient ID:	1640
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	15999 Cypress Avenue
Address 2:	
City:	Irwindale, CA 91706
Contact Name:	James Williams

-	Telephone:	(213) 624-5567
	Facsimile:	(213) 962-8079

Recipient ID:	1640	
Union Name:	GMEO-GARDENA MGMT. EMPLOYEE ORGANIZATION	
Address 1:	Howard Hugh Center Drive	
Address 2:	6701 Center Drive West	
City:	Los Angeles, CA 90045	
Contact Name:	Vicky Barker	
Telephone:	(310) 337-1222	
Facsimile:	(310) 337-9494	

Recipient ID:	1640
Union Name:	AFSCME-AMERICAN FEDERATION STATE, COUNTY & MUNICIPAL EMPLOYEE
Address 1:	234 Loma Drive
Address 2:	
City:	Los Angeles, CA 90026
Contact Name:	Cheryl Parisi
Telephone:	(213) 484-8300
Facsimile:	(213) 484-9629

Recipient ID:	1640
Union Name:	TCU-TRANSPORTATION COMMUNICATIONS UNION
Address 1:	2903 Lynrose Drive
Address 2:	
City:	Anaheim, CA 92804
Contact Name:	Raymond Huffer
Telephone:	(714) 828-0703
Facsimile:	(714) 828-0571

Recipient ID:	1640
Union Name:	TRANSPORTATION COMMUNICATION INTERNATIONAL UNION
Address 1:	3 Research Place
Address 2:	
City:	Rockville, MD 20850
Contact Name:	Chris Tully
Telephone:	(301) 948-4910
Facsimile:	(301) 948-1369

Recipient ID:	1640	
Union Name:	UTU - UNITED TRANSPORTATION UNION	
Address 1:	Bus Department	
Address 2: 14600 Detriot Avenue		

City:	Cleveland, OH 44 . J7	
Contact Name:	Bernie McNeils	
Telephone:	(216) 228-9400	
Facsimile:	(216) 228-5755	

Part 2: Project Information

Project Type:	Grant	
Project Number:	CA-90-Y283-00	
Project Description:	CAPITAL ASSISTANCE	
Recipient Type:	City	
FTA Project Mgr:	Ray Tellis	
Recipient Contact:	A. Wayne Bush (310) 217- 9523	
New/Amendment:	None Specified	
Amend Reason:	Initial Application	
Fed Dom Asst. #:	20507	
Sec. of Statute:	5307	
State Appl. ID:	06	
Start/End Date:	Jul. 01, 2004 - Dec. 31, 2005	
Recvd. By State:		
EO 12372 Rev:	YES	
Review Date:	None Specified	
Planning Grant?:	NO	
Program Date (STIP/UPWP/FTA Prm Plan) :	Aug. 28, 2003	
Program Page:	None Specified	
Application Type:	Electronic	
Supp. Agreement?:	Yes	
Debt. Delinq. Details:		

Gross Project Cost:	\$1,252,500
Adjustment Amt:	\$0
Total Eligible Cost:	\$1,252,500
Total FTA Amt:	\$1,002,000
Total State Amt:	\$0
Total Local Amt:	\$250,500
Other Federal Amt:	\$0
Special Cond Amt:	\$0
Special Condition:	None Specified
S.C. Tgt. Date:	None Specified
S.C. Eff. Date:	None Specified
Est. Oblig Date:	None Specified
Pre-Award Authority?:	No
Fed. Debt Authority?:	No
Final Budget?:	No

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELESLONG BEACHSANTA ANA, CA

Congressional Districts

State ID	District Code	District Official

APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUBMITTED	Applicant Ider	ntifier	
1. TYPE OF SUBMISSION	3. DATE RECEIVED BY STATE	State Applicat	ion Identifier	
Application Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identi	fier	
5.APPLICANT INFORMATION		adunina san Barrannan benduan kersakse sir karban merupak		
Legal Name	Organizational Unit			
Shasta County Chemical People Inc.		Corporation		
Address P. O. Box 493777		Name and telephone number of the person to be contacted on matters involving this application		
Redding, California 96049-3777	Cunningham, Betty (530) 241-5958			
6. EMPLOYER IDENTIFICATI	7. TYPE OF APPLICANT			
68-0027888		Non-profit		
8. TYPE OF APPLICATION		9. NAME OF FEDERAL AGENCY		
New		Office of Juvenile Justice and Delinquency Prevention		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT		
NUMBER: 16.729 CFDA TITLE: Drug-Free Communities Support Program		Drug Free Communities Support Program Federal Agency OJJDP Fiscal Year January 1 - December 31		
12. AREAS AFFECTED BY PR	OJECT		MAR 2 5 2004	
Shasta County		;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	TOUT B & MAIN	
13. PROPOSED PROJECT Start Date: October 01, 2004 End Date: September 30, 2005		14. CONGRESSIONALLEARING HOU DISTRICTS OF		
		a. Applicant b. Project	CA02	
15. ESTIMATED FUNDING	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372			
Federal \$100,000				
Applicant	\$6,250	PROCESS?		
State	\$8,750 This preapplication/applicatio		tion/application was	
Local	\$100,000	made available to the state executive		

Other	\$0	order 12372 process for review on 03/03/2004
Program Income	\$0	17. IS THE APPLICANT DELINQUENT ON ANY
TOTAL	\$215,000	FEDERAL DEBT?

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS REQUIRED.

Close Window

APPLICATION FOR					Version 7/0
FEDERAL ASSISTANCE	E	2. DATE SUBMITTED		Applicant ider	ntifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicat	ion Identifier
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identi	fier
☑ Non-Construction	Non-Construction			<u> </u>	
5. APPLICANT INFORMATION					
Legal Name:			Organizational Unit: Department:		
County of Imperial	,		Imperial County Com	munity and Eco	nomic Development
Organizational DUNS: 073-354-573			Division:		
Address:			Name and telephone involving this application	•	rson to be contacted on matters
Street: 940 Main Street			Prefix:	First Name:	a code)
		· · · · · · · · · · · · · · · · · · ·	Mr.	Ken	
City: El Centro			Middle Name		
County: Imperial			Last Name Hollis		
State: CA	Zip Code 92243		Suffix:		
Country: USA			Email: kenhollis@imperialco	unty.net	
6. EMPLOYER IDENTIFICATIO	ON NUMBER (EIN):		Phone Number (give a		Fax Number (give area code)
9 5 -6 0 0 0 9 2 4	.7		760.337.7814		760.337.8907
8. TYPE OF APPLICATION:			7. TYPE OF APPLICA	ANT: (See back	of form for Application Types)
☑ Ne	w 🔲 Continuation	n 🔲 Revision	B County	<i>4</i> ′	
If Revision, enter appropriate let	ter(s) in box(es)		Other (specify)		
(See back of form for description	of letters.)		Other (specify)	•	
Other (specify)			9. NAME OF FEDERA USDA Rural Develop		
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE TI	TLE OF APPLIC	CANT'S PROJECT:
			Rural Entrepreneur Ti	raining and Ass	istance Project
TITLE (Name of Program):		1 0 - 7 7 3	HDETA D	No.	AFCEWED I
Rural Business Opportunity Gra			"RETA Project"	į l	to summer appear annual to 50 Bassage Breath
12. AREAS AFFECTED BY PR	•			1	MAR 2 5 2004
Imperial County w/ emphasis or	n Enterprise Community of	designated census tracts		- TO THE STREET	
13. PROPOSED PROJECT			14. CONGRESSIONA	L DISTRICTS	
Start Date: 7/2004	Ending Date: /2005		a. Applicant	S	b. Project ATE CLEARING HOUSE
15. ESTIMATED FUNDING:	,2000	<i>,</i>	16. IS APPLICATION		
a. Federal \$		05 000 ·	la Vac III	APPLICATION	/APPLICATION WAS MADE
b. Applicant \$		95,000	_ AVAILABI	LE TO THE STA S FOR REVIEW	ATE EXECUTIVE ORDER 12372 VON
c. State \$		UU	DATE:		
·		100,000	- PROGRAI	M IS NOT COV	ERED BY E. O. 12372
d. Local \$			D. NO.		
e. Other \$			FOR REV	IEW	T BEEN SELECTED BY STATE
f. Program Income \$			17. IS THE APPLICAT	VI DELINQUE!	NT ON ANY FEDERAL DEBT?
g. TOTAL \$		195,000	Yes If "Yes" attach		. Ro

a. Authorized Representative Prefix First Name Roberta Middle Name Suffix Last Name Burns c. Telephone Number (give area code) 760.482.4290 e. Date Signed 3/19/2004 b. Title
County Executive Officer
d. Signature of Authorized Representative

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APPLICATION FOR					Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED March 3, 2004		Applicant Iden	tifier
1. TYPE OF SUBMISSION:	Dr. application	3. DATE RECEIVED BY	STATE	State Applicati	on Identifier
Application	Pre-application Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identif	ier
Construction	APPROX.				
Non-Construction 5. APPLICANT INFORMATION	Non-Construction			1	
Legal Name:			Organizational Un	t:	
Edmondson Acres Mutual Water	r Company		Department: Mutual Water Comp	any	
Organizational DUNS: 144002099			Division:		
Address:					rson to be contacted on matters
Street: 25465 Barbara St.			involving this appl Prefix: Mr.	First Name: Charles	a code)
City: Arvin			Middle Name Warner	Tondiloo	A.C.
County: Kern			Last Name Brooks		MAR 2 5 2004
State: California	Zip Code 93203		Suffix:		Cab A dolor
Country: U.S.A			Email: wabrooks@kern.or	a	STATE CLEARING HOUS
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (give		Fax Number (give area code)
95-2320320			661-854-5371		n/a
8. TYPE OF APPLICATION:			7. TYPE OF APPLI	CANT: (See bac	k of form for Application Types)
Wever the New If Revision, enter appropriate lett (See back of form for description	er(s) in box(es)	n Revision	N Other (specify)		
(See back of form for description			Other (apoony)		
Other (specify)			9. NAME OF FEDE USDA/Rural Develo		
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTANC	CE NUMBER:	1		CANT'S PROJECT:
		1 0-7 6 0	Edmondson Acres	Mutual Water Cor	mpany improvements: nk, and water lines (57 years old)
TITLE (Name of Program):			with a new well. sto	orage tank, new lo	oped water lines. and related
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	s, States, etc.):	_ facilities.		
Edmuondson Acres, Calif., Kerr	1 County				
13. PROPOSED PROJECT			14. CONGRESSIO	NAL DISTRICTS	
Start Date: 7/1/04	Ending Date: 6/31/05		a. Applicant Dist. 22 - Bill Thom	as	b. Project Dist 22 - Bill Thomas
15. ESTIMATED FUNDING:	10,011,00		16. IS APPLICATION ORDER 12372 PRO		REVIEW BY STATE EXECUTIVE
a. Federal \$		370,000	THIS P	REAPPLICATION	VAPPLICATION WAS MADE
b. Applicant \$		773,900	7 7771	ABLE TO THE ST ESS FOR REVIEV	ATE EXECUTIVE ORDER 12372 W ON
c. State \$. 00	DATE:		
d. Local \$		-00	b. No. T PROG	RAM IS NOT CO	/ERED BY E. O. 12372
e. Other \$			│	EVIEW	OT BEEN SELECTED BY STATE
f. Program Income \$		-00	17. IS THE APPLIC	ANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$		773,900 [°]	☐ Yes If "Yes" atta		
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF	PLICATION/PREAPF THE APPLICANT A	LICATION ARE THE APPLICATION ARE THE APPLICATION APPLI	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
a. Authorized Representative Prefix	First Name 1	1	Mide	dle Name	
Last Name	First Name Fin	ed	Suff	ix	
h Title	<u> </u>		ľ		(give area code) 461-854-2875
d. Signature of Authorized Repre	ent	1 6 9/ . 4		ate Signed	
	Trea	1 & Viette		3	- 20 - 04/

Version 7/03

APPLICATION FOR				T	Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED	and	Applicant Ident	ifier
1. TYPE OF SUBMISSION:		March 22, 3. DATE RECEIVED BY	STATE	State Application	on Identifier
Application	Pre-application	4 DATE BECEIVED BY	FEDERAL ACENOV	C-4	
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCT	Federal Identifi	ier / CE//F
Non-Construction	Non-Construction		· · · · · · · · · · · · · · · · · · ·		The state of the s
5. APPLICANT INFORMATION Legal Name:			Organizational Unit:		MAR 9
, •		1	Department:		\$ 2U04
Calciveras County Organizational DUNS:	GOUDONIC DE	velopmentus.	Division:		-STATE
Organizational DONS.			DIVISION.		STATE CLEARING HARDES
Address:			Name and telephone	number of per	son to be contacted on matters/
Street:			involving this application Prefix:	First Name	
L801 X0000			Ms.	r ii ot i tairio.	Haren
City: Angels Camp			Middle Name	Nn .	
County:			Ll act Nama		
State:	7:n Codo		Suffix:	Dallace	
State. CA	Zip Code 9523	-2-	Sumix:		-
Country: USA			Email: ((() o	-10,0000	ede esa
6. EMPLOYER IDENTIFICATIO	N NUMBER (FIN):		Phone Number (give a	calaveras (Fax Number (give area code)
			·-		
94-2735910			209-754-6	1791	369-754-9793 of form for Application Types)
8. TYPE OF APPLICATION:	(******)	4*****	7. TYPE OF APPLICA	ANI: (See back	of form for Application Types)
K New If Revision, enter appropriate letter		n 🗏 Revision	0- N	of For i	' ' '
(See back of form for description	of letters.)		Other (specify)	GRBAN	12 ATION
O4h (if)	· U		A MANE OF FEDER	N. AOENOV	
Other (specify)			9. NAME OF FEDERA	AL AGENCY:	veloppent
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE TI	TLE OF APPLIC	CANT'S PROJECT:
Rural Busine	SS Enternine		1		./
	rant		Calare	cas Cour	ty, california
12. AREAS AFFECTED BY PRO		C4-44- \\			
ANGELS CAMP, Sant	Andreas, Musah	, states, etc.): 4s. Mountain Ranch	Busin	iess As	sistance Plus
13. PROPOSED PROJECT	CA				
Start Date:	Ending Date:		a. Applicant	L DISTRICTS (b. Project
AUG 2004	JULY	2005	One	_	One
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO	REVIEW BY STATE EXECUTIVE
a. Federal \$		00	ORDER 12372 PROCI	ESS? APPLICATION	/APPLICATION WAS MADE
ľ	4.	4,200	1 71770		TIL LALGOTTAL GIADLIC 12012
b. Applicant \$		4.200	PROCES	S FOR REVIEW	/ ON
c. State \$.00	DATE:	3/22/04	
d. Local \$		00		• • •	ERED BY E. O. 12372
<u> </u>		•	b. No.	WIS NOT COV	ERED B1 E. O. 12372
e. Other \$	112	,000			T BEEN SELECTED BY STATE
f. Program Income \$	70	,000	FOR REV		NT ON ANY FEDERAL DEBT?
TOTAL D				•	
g. TOTAL \$	•	ŝ, 400 ·	Yes If "Yes" attach	•	
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF,	ALL DATA IN THIS APP	LICATION/PREAPPLI	CATION ARE T	RUE AND CORRECT. THE
DOCUMENT HAS BEEN DULY. ATTACHED ASSURANCES IF 1	AUTHORIZED BY THE I	GOVERNING BODY OF T WARDED	THE APPLICANT AND	THE APPLICA	NT WILL COMPLY WITH THE
a. Authorized Representative	TIE AGGIOTANGE IG A	WARDED.			
Prefix Mr.	First Name Ron		Middle	Name	
Last Name			Suffix		
b. Title	wander				
1 mv	Presi	dent	c. fele	phone Number	(give area code) 5 · 150 9
d. Signature of Authorized Repre	sentative			Signed	2/04

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Version 7/03

PLICATION FOR PTFP FUNDS

Public Telecommunications Facilities Program NTIA/Department of Commerce/Washington DC 20230 For PTFP

1	Check here i	f
	Revised For	m

OMB Approval 0660-0003

APF	21 1	CA	TIO	N	РΔ	RT

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1. APPLICANT Legal Name Organizational Unit KCSM Mailing Address (line 1) 1700 W. Hillsdale Blvd. Address (line 2 if required) San Mateo 4. Administrative Contact Mr., Ms., Dr. First Name Ms. Marilyn Phone # (650) 524-6905 5. Engineering Contact Full Name Ms. Michele Muller Title Director of Technology	E-I M. I. Last Name R Lawrence a. Enter "Y" if Reactivation N	State <u>CA</u> mail <u>marilyn_lawre</u> Fax # Engineer Phone E-mail	County San I nce@kcsm.net Jr. etc Position Gener (650) 524-6975 (650) 524-6908 michele_muller(MAR 2 4 2004
Organizational Unit KCSM Malling Address (line 1) Address (line 2 if required) City San Mateo 4. Administrative Contact Mr., Ms., Dr. First Name Ms. Marilyn Phone # (650) 524-6905 5. Engineering Contact Full Name Ms. Michele Muller	E-I M. I. Last Name R Lawrence a. Enter "Y" if Reactivation N	mail marilyn_lawre Fax # Engineer Phone E-mail	Main Station Call Call	Mateo Zip 94402- Tal Manager MAR 2 4 2004
Unit KCSM Mailing Address (line 1) Address (line 2 if required) City San Mateo 4. Administrative Contact Mr., Ms., Dr. First Name Ms. Marilyn Phone # (650) 524-6905 5. Engineering Contact Full Name Ms. Michele Muller	M. I. Last Name R Lawrence a. Enter "Y" if Reactivation N	mail marilyn_lawre Fax # Engineer Phone E-mail	Main Station Call Call	Mateo Zip 94402- Tal Manager MAR 2 4 2004
Address (line 2 if required) City San Mateo 4. Administrative Contact Mr., Ms., Dr. First Name Ms. Marilyn Phone # (650) 524-6905 5. Engineering Contact Full Name Ms. Michele Muller	M. I. Last Name R Lawrence a. Enter "Y" if Reactivation N	mail marilyn_lawre Fax # Engineer Phone E-mail	Call	Mateo Zip 94402- Pal Manager MAR 2 4 2004
Gity San Mateo 4. Administrative Contact Mr., Ms., Dr. First Name Ms. Marilyn Phone # (650) 524-6905 5. Engineering Contact Full Name Ms. Michele Muller	M. I. Last Name R Lawrence a. Enter "Y" if Reactivation N	mail marilyn_lawre Fax # Engineer Phone E-mail	County San I nce@kcsm.net Jr. etc Position Gener (650) 524-6975 (650) 524-6908 michele_muller(Mateo zip 94402- ral Manager MAR 2 4 2004
City San Mateo 4. Administrative Contact Mr., Ms., Dr. First Name Ms. Marilyn Phone # (650) 524-6905 5. Engineering Contact Full Name Ms. Michele Muller	M. I. Last Name R Lawrence a. Enter "Y" if Reactivation N	mail marilyn_lawre Fax # Engineer Phone E-mail	nce@kcsm.net Jr. etc Position	MAR 2 4 2004
Mr., Ms., Dr. First Name Ms. Marilyn Phone # (650) 524-6905 5. Engineering Contact Full Name Ms. Michele Muller	M. I. Last Name R Lawrence a. Enter "Y" if Reactivation N	Fax # Engineer Phone E-mail	nce@kcsm.net Jr. etc Position	MAR 2 4 2004
Ms. Marilyn Phone # (650) 524-6905 5. Engineering Contact Full Name	R Lawrence a. Enter "Y" if Reactivation N	Fax # Engineer Phone E-mail	Jr. etc Position Gener (650) 524-6975 (650) 524-6908 michele_muller(MAR 2 4 2004
Ms. Marilyn Phone # (650) 524-6905 5. Engineering Contact Full Name	R Lawrence a. Enter "Y" if Reactivation N	Engineer Phone E-mail	Gener (650) 524-6975 (650) 524-6908 michele_muller@	MAR 2 4 2004
Phone # (650) 524-6905 5. Engineering Contact Full Name Ms. Michele Muller	a. Enter "Y" if Reactivation N	Engineer Phone E-mail	(650) 524-6975 (650) 524-6908 michele_muller(MAR 2 4 2004
5. Engineering Contact Full Ms. Michele Muller Name	Reactivation N	Engineer Phone E-mail	(650) 524-6908 _michele_muller@	MAR 2 4 2004
Full Ms. Michele Muller	Reactivation N	Phone E-mail	michele_muller@	NIPAL W
Name Williams Williams	Reactivation N	Phone E-mail	michele_muller@	NIPAL W
Title Director of Technology	Reactivation N	6b. Old		@kcsm.net
2 in detail of 1 definitionegy	Reactivation N	6b. Old File #		STATE CLEAHING HOUS
DDO JECT INFORMATION	Reactivation N	6b. Old File #		The state of the s
PROJECT INFORMATION 6a			Enter "Y" if new FCC authorization	s N Priority or
9. Enter letter(s) to classify project			are required	Category under which
(P)lanning or (C)onstruction (R)adio or (T)V or (RT) for both	T (B)roadcast or (N or (BN) for both	l)onbroadcast B	10.Length of Project (# of	you request the application
(e)siles design.	or (BIV) for both		months)`	be reviewed
11. Check ONE line which best describes your proj	ect and enter the number of	persons that the project	: will benefit	
Enter the population in the appropriate column facility; repeater,	REPLACE or augment BROADCAST conv	DIGITAL ersion of public radio acti	NONRROADCAST	Broadcast Other 12. Single
translator. Population Currently	EQUIPMENT or TV	/ station	•	Congressional District of
Served by station	6	,500,000		Applicant <u>12</u>
First Service added by NEW proposed facility	E-001000A	***		 Other Cong. districts served by project (e.g. PA 1-3, NY 4, 5-9)
				7;8;9;10;13;14;15;16
ADDED SERVICE to those covered by others		最多的复数		
14. ESTIMATED FUNDING (whole dolla a. Federal Request \$ 266.525			xecutive Order 12372?	16. Is applicant delinquent on any Federal Debt?
a. Federal Request \$ 366,535	YES This	application was made te EO 12372 process fo	available to the or review on	•
o. Applicant Share \$ 784,451				NO Enter YES or NO
. TOTAL \$ 1,150,986	NO	_ Program is not covere	ed by EO 12372	If YES, attach explanation.
I. Fed. % of eligible costs 31.85	%	or Program has not be State for review	een selected by	
31.03				
17. CERTIFICATION BY AUTHORIZED I		To the best of my know	ledge and belief, all data	a in this application are true and correct.
The document has been duly authorized by the quality and the assistance is awarded.	governing board of the app Pho	licant and the applica	nt will comply with the	e attached assurances and the PTFP
Mr., Ms., Dr. First Name M.	. I. Last Name	220 000 0	Jr. etc Position	
Mr. James W	V Keller		Executiv	ve Vice Chancellor
ignature of authorized spresentative	VIII.		Date 2	117/04

bethcolbert

1

APPLICATION FO	R		2. DATE SUB March 22,		Applicant Identifier N/A				
FEDERAL ASSIST	TANCE			EIVED BY STATE	State Application Identifier				
TYPE OF SUBMISSION Application	Pre-Application								
Construction	Constructio		4. DATE REC	EIXED BY FEDERAL AGENCY	Federal Identifier				
Non-Construction			MU	2 L 2007					
5. APPLICANT INFORMATIO Legal Name;	אי			Organizational Unit:					
City of Corning				Public Works Department					
Address (give city, county, stat	e, and zip code	e):		Name and telephone number of the person to be contacted on matters					
794 Third Street				Involving application (give are	a code)				
Corning, CA 96021				Mr. Tom Russ (530) 824-7020					
6. EMPLOYER IDENTIFICAT	ION NUMBER	(EIN):	•:	7. TYPE OF APPLICANT: (e	nter appropriate letter in box)				
9 4 - 6 0 0 0 3 1 7				A, State H. Independent School Dist.					
New Continuation	☐ Revisio	on .		B. County C. Municipal	 State Controlled Institution of Higher L J. Private University Indian Tribe 	.earmg			
If Revision, enter appropriate le	etter(s) in box(e	es):		D. Township E. Interstate F. Intermunicipal G. Special District	N. Indian ringe L. Individual M. Profit Organization N. Other (Specify)				
				9. NAME OF FEDERAL AGE	NCY:	,			
	Decrease Aw Other (specify);	<i>r</i> ard C. Incre	ase Duration	USDA Rural Development, Ca United States Department of A					
10. CATALOG OF FEDERAL	DOMESTIC A	SSISTANCE N	UMBER:	11. DESCRIPTIVE TITLE OF	APPLICANT'S PROJECT:				
1 0 — 7 TITLE: Water and Waste Dis			•	City of Corning Wastewater Treatment Plant E	xpansion	·			
12. AREAS AFFECTED BY P Clty of Corning County of Tehama State of California	ROJECT (citle	s, countries, sta	eles, etc.)						
13. PROPOSED PROJECT:		14. CONGRI	SSIONAL DIS	TRICTS OF:					
1	ng Date	a. Applican		b. Pro					
}	nber 2005	California 2 nd C	ongressional Dist		a 2 nd Congressional District				
15. ESTIMATED FUNDING:			18. IS APPLIC	ATION SUBJECT TO REVIEW BY	TATE EXECUTIVE ORDER 12372 PRO	CESS?			
a. Federal		\$3,400,000		PREAPPLICATION/APPLICATION E EXECUTIVE ORDER 12872 PROC					
b. Applicant		\$200,000		-95-04	EGG OKTONIEN SIN.				
c. State			b. NO. 🗀	PROGRAM IS NOT COVERED	BY E.O. 12372				
d. Local				OR PROGRAM HAS NOT BEEN	SELECTED BY STATE FOR REVIEW				
e. Other			17. IS TH	E APPLICANT DELINQUENT (N ANY FEDERAL DEBT?				
f. Program Income				Yes If "Yes," attach an e	xplanation. 🗵 No				
g. TOTAL		\$3,500,000							
				TION/PREAPPLICATION ARE TRU	E AND CORRECT. THE DOCUMENT HIT THE ATTACHED ASSURANCES IN				
a. Typed Name of Authorized Re	presentative			b. Title	c. Telephone Nu	ımber			
STEPHEN -	Kimi	BROVE	-	City MANA	SER SOBLY.	7033			
d. Signature of Authorized Repre		/ 1/	1		e. Date Signed				
Stophen	Sen	AL	-		ZZ MAZO	ch Of			

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Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

APPLICATION FOR					OMB Approval No. 0348-0043
FEDERAL ASSISTAN	CF		2. DATE SUBMITTED		Applicant Identifier
I EDEIVIE AGGIOTAIN	Y -		March 4	1, 2004	
1. TYPE OF SUBMISSION:			3. DATE RECEIVED BY	STATE	State Application Identifier
	Preap licati	io			F-J11J185
✓ Construction	Constr		4. DATE RECEIVED BY		Federal Identifier
Non-Construction	U No Q-C	struction	3-10-04	— Wice	
5. APPLICANT INFORMATION Legal Name:				Organizational Unit:	
Tulare County Superir	ntender	nt of Schoo	ol	Child Care Pro	
Address (give city, county, State, a					number of person to be contacted on matters involvin
Po Box 5091, Visalia (CA 932	?78-5091		this application (give a Ray Chavez	rea code) (559) 651-3022
6. EMPLOYER IDENTIFICATION	NUMBER	(EIN):		7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)
9 4 - 2 1 9 1	9 0 5			A. State	H. Independent School Dist.
8. TYPE OF APPLICATION:				B. County	I. State Controlled Institution of Higher Learning
	Пс	ontinuation	Revision	C. Municipal	J. Private University
√ New		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		D. Township	K. Indian Tribe
If Revision, enter appropriate lette	r(s) in box(es)		E. Interstate	L. Individual M. Profit Organization
	A	d C. Increase	o Duration	F. Intermunicipal G. Special District	N. Other (Specify)
70: 1110; 00000 7 (1701 G	ease Aware	1 C. Increase	e Duradon	G. Special District	14. Outer (openity)
D. Decrease Duration Other(s)	р е спу <i>)</i> .			9. NAME OF FEDER	AL AGENCY:
				USDA	
10. CATALOG OF FEDERAL DO	MESTIC A	SSISTANCE N	UMBER:	11. DESCRIPTIVE TI	ITLE OF APPLICANT'S PROJECT:
			1 0 - 7 6 6	Rural Developm	ent Child Care A
TITLE: Community F	acilities	Loans and G	Frants		The state of the s
12. AREAS AFFECTED BY PRO	JECT (Citie	es, Counties, St	ates, etc.):	1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Cutler, Traver					MAR 2 2 2004
13. PROPOSED PROJECT	14. CONG	RESSIONAL DI	ISTRICTS OF:		STATE CLEARING HOL
1 1 1	a. Applicar			b. Project	04
7/1/04 6/30/05		21-n	unes	10 10 1001	21-nunes N SUBJECT TO REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDING:	•			ORDER 12372 P	
a. Federal	\$		47,272 ^{.00}	VEO TUIO DE	EAPPLICATION/APPLICATION WAS MADE
					LE TO THE STATE EXECUTIVE ORDER 12372
b. Applicant	\$		38,678	i	S FOR REVIEW ON:
c. State	\$.00	DATE	
d. Local	\$.00	b. No. PROGE	RAM IS NOT COVERED BY E. O. 12372
e. Other	\$.00		OGRAM HAS NOT BEEN SELECTED BY STATE
f. Program Income	\$.00		
			00	17. IS THE APPLICA	ANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$		85,950 ·	I —	" attach an explanation.
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORI	IZED BY THE G	OVERNING BODY OF T	ICATION/PREAPPLICA 'HE APPLICANT AND '	ATION ARE TRUE AND CORRECT, THE THE APPLICANT WILL COMPLY WITH THE
a. Type Name of Authorized Rep			b. Title		c. Telephone Number
JIm Vidak	A Carolina	10	County Superinte	endent of Schools	(559) 733 ₇ 6301 e. Date Sign é d
d. Signature of Authorized Repre		W~			13-4-04
Previous Edition Usable Authorized for Local Reproduction	on				Standard Fórm 424 (Rev. 7-97) Prescribed by OMB Circular A-102

APPLICATION FOR	,		. '		Child Application 0040-00-
FEDERAL ASSISTAN	NCE	2. DATE SUBMITTED March	4, 2004	Applicant Identifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED B	Y STATE	State Application I	dentifier
<u>Application</u>	Preapplication				
✓ Construction	Construction	4. DATE RECEIVED BY	Y FEDERAL AGENCY	Federal Identifier	(HA)
Non-Construction	Non-Construction			1 18403	THO
5. APPLICANT INFORMATION Legal Name:			Organizational Unit:		
Tulare County Super		ol	Child Care Pr		
Address (give city, county, State,			this application (give a		be contacted on matters involving
Po Box 5091, Visalia	CA 93278-5091		Ray Chavez	(559) 651-30	22
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):		7. TYPE OF APPLICA	ANT: (enter appropr	
94-2191	9 0 5		A. State	H. Independent So	chool Dist.
8. TYPE OF APPLICATION:			B. County	I. State Controlled	Institution of Higher Learning
✓ New	Continuation	Revision	C. Municipal	J. Private Universi	ty
Mari Hew			D. Township	K. Indian Tribe	
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate F. Intermunicipal	L. Individual M. Profit Organiza	tion
A. Increase Award B. Dec	rease Award C. Increas	e Duration	G. Special District	N. Other (Specify)	
	specify):	o Daration		, ,,	
			9. NAME OF FEDERA	AL AGENCY:	
**************************************			USDA		
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TI	TLE OF APPLICAN	IT'S PROJECT:
	Tabilities Leans and C	1 0 — 7 6 6	Rural Developme	ent Child Care E	RECEIVED MAR 2 2 2004
12. AREAS AFFECTED BY PRO	Facilities Loans and G	ates etc):	-	Ĭ	10001
Earlimart, Farmersville, Li		3105, 010.7.			MAR 2 2 2004
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:			STATE CLEARING HOU
Start Date Ending Date	a. Applicant		b. Project		122 900000000000000000000000000000000000
7/1/04 6/30/05	21-nı	unes		21-nune	
15. ESTIMATED FUNDING:		70	16. IS APPLICATION ORDER 12372 PF		VIEW BY STATE EXECUTIVE
a. Federal	9952	14,306	a. YES. THIS PRE	APPLICATION/APP	LICATION WAS MADE
b. Applicant	\$	14,306 00 11,705 00 11,705 00 11,705 00 11,705 00 11,705	1		EXECUTIVE ORDER 12372
c. State	\$,140	00		FOR REVIEW ON:	
d. Local	\$.00	DATE		
D''8/		00			ED BY E. O. 12372 EEN SELECTED BY STATE
e. Other	\$		FOR RE		EEN SELECTED BY STATE
f. Program income	\$.00	47 IS THE ARRIVE	NT DELINOUENT	ON ANY FEDERAL DEBT?
g. TOTAL	\$ 1000	200	-	attach an explana	
18. TO THE BEST OF MY KNOW	NI EDGE AND BELIEF AL	I DATA IN THIS APPI II			
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE GO	OVERNING BODY OF TH	HE APPLICANT AND T	HE APPLICANT W	ILL COMPLY WITH THE
a. Type Name of Authorized Rep		b. Title	adopt of Schools	c. Telephone Num (559) 733-630	nber 11
Jlm Vidak	1 () 0	County Superinter	TUELL OF SCHOOLS	(000) 100-000	٠ .

Jlm Vidak

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d. Signature of Authorized Representative

Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102



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Prescribed by OMB Circular A-102

FEDERAL ASSISTA	NCE	2. DATE SUBMITTED 4/22/04		Applicant Identifier	
1. TYPE OF SUBMISSION:	."	3. DATE RECEIVED BY	Y STATE	State Application Identif	ier
Application Construction	Preapplication Construction				
Non-Construction	Non-Construction	4. DATE RECEIVED BY	Y FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: CITY OF ORANGE	COVE		Organizational Unit:	. *	
Address (give city, county, State, 633 SIXTH STREE ORANGE COVE, CA				rea code) BILL LI	ontacted on matters involvin TTLE
6. EMPLOYER IDENTIFICATION	7			NT: (enter appropriate le	
8. TYPE OF APPLICATION:			A. State B. County	H. Independent School II. State Controlled Institution	
New	☐ Continuation	Revision	C. Municipal	J. Private University	g
If Revision, enter appropriate lette			D. Township E. Interstate	K. Indian Tribe L. Individual	
The vision, enter appropriate letter	er(s) iii box(es)		F. Intermunicipal	M. Profit Organization	
	rease Award C. Increase	Duration	G. Special District	N. Other (Specify)	
D. Decrease Duration Other(s	specify):		9. NAME OF FEDERA	L AGENCY:	
			USDA		
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NU	MBER:	11. DESCRIPTIVE TIT	LE OF APPLICANT'S PI	ROJECT:
		107769	0044105 0	01/5 01/4/11	The state of the s
TITLE:			BUSINESS	ASSISTANCE	ECEIVED
12. AREAS AFFECTED BY PRO	JECT (Cities, Counties, Stat	tes, etc.):		u 1/2 "	0 0 2004
CITY OF ORANGE	COVE, CALIFO	RNIA			MAR 2 2 2004
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	TRICTS OF:		\c:	TATE CLEARING HOL
	a. Applicant DEVEN NUNES,	CA SICT	b. Project DEVEN NUNES	· management	
7/1/04 [6/30/04]	DEAKN MONES	CA. 2131		S, CALIFORNI subject to review e	
			ORDER 12372 PR		TOTALE EXECUTIVE
a. Federal	\$ 77,000	.00	a. YES) THIS PREA	PPLICATION/APPLICATI	ON WAS MADE
b. Applicant	\$ 80,000	.00	AVAILABLE	TO THE STATE EXECU	
c. State	\$.00	DATE 3	19/04	
d. Local	\$.00	h Na T DDOODA	M IS NOT COVERED BY	E 0 10070
e. Other	\$.00		RAM HAS NOT BEEN S	
f. Program Income	\$.00			
g. TOTAL	\$ 157,000	.00		T DELINQUENT ON AN ttach an explanation.	Y FEDERAL DEBT?
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF T	LEDGE AND BELIEF, ALL AUTHORIZED BY THE GOV	ERNING BODY OF THE			
a. Type Name of Authorized Representation		b. Title		c. Telephone Number	_
BILL LITTLE d. Signature of Authorized Repres	entative	CLIY ADMNIS	STRATOR	559-626-510 e. Date Signed	5
3. Signature of Matriorized Nepres	Ontaite			3/19/84	
Previous Edition Usable				Standard Forn	n 424 (Rev. 7-97)

APPLICATION FOR		2. DATE SUBMI	TTED		Appli	cant Identifier			
FEDERAL ASSISTAN	ICE	2/1/04	4						
1.TYPE OF SUBMISSION:		3. DATE RECEIV		=	State	Application Ident	ifier		
Application Pre	application								
Construction	Construction	4. DATE RECEIV	ED BY FEDER	RAL AGENCY	Y Feder	al Identifier			
Non-Construction	Non-Construction								
5. APPLICANT INFORMA	TION						************		
Legal Name:				Organizatio	nal Uni	t:			
Address (give city, county, state,	and zip code):			8	•	•	on to be	contacted on matters involving	ıg
P.O. Box 475				tilis applica	uon (g/	/e area code)			
Ukiah, CA 95482-0475	Mendocino	County		Man	y Bu	ckley (707	7) 462	2-8582	
6. EMPLOYER IDENTIFICATION	(EIN):			7. TYPE OF	APPLI	CANT: (enter appi	ropriate	letter in box)	
6 8 - 0 2	1 8 7	8 1		A. State B. Count	tv	H. Indep I. State	endent S	School Dist. led Institution of Higher Learni	
8. TYPE OF APPLICATION:				C . Munici D. Towns	ipal		e Unive		
∠ N	ew Con	tinuation R	levision	E. Inters	tate	L. Individ	dual	zation	
				G. Specia	al Distr	ict N. Other	(Specify	zation y)501(c)(3) nonprofit	
If Revision, enter appropriate lett	ter(s) in								
	. Decrease Award ther (specify):	c. Increase Dur	ation			ir V	RE	CEIVED	
				9. NAME OF	FEDE	RAL AGENCY:	}		
							, N	1AR 1 8 2004	
						1400			
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANC	E NUMBER:		11. DESCRI	IPTIVE	TITLE OF APPLIS	ANTE	PEREATING HOUSE	
	4	0 - 7	6 6	Cor	mmu	nity Dining	Roo	m Facility	
TITLE:	<u> </u>	بن لن	<u> </u>	Kitc	chen	Equipment	t Pur	chase	
12. AREAS AFFECTED BY PRO	JECT (Cities, Countie	s, States, etc.)							
Ukiah area, In	land Mendoo	cino County	, CA						
13. PROPOSED PROJEC	CT 14. CONGR	ESSIONAL DI	STRICTS C	DF:					
Start Date Ending Date	a. Applicant			b. Pr	oject				
7/1/03 6/30/05	1st Dis	trict - Mike	Thompso	on		District - M			
15.	ESTIMATED FU	JNDING				CATION SUBJECT 12372 PROCESS		EVIEW BY STATE EXECUTIVE	•
a. Federal	\$		75,000		a. YES.			NAPPLICATION WAS MADE	
			70,000		a. 1E5.			ATE EXECUTIVE ORDER	
b. Applicant	\$		620,500	0.00		12372 PROCES	S FOR F	REVIEW ON:	
c. State	\$		35,000	0.00		DATE	3/10	/04	
d. Local	\$				L NO	Ппрости	IC NOT	COVERED BY E.O. 12372	
					b. NO				
e. Other	\$	1	,069,500	0.00		STATE FOR		NOT BEEN SELECTED BY W	
f. Program Income	\$			17. 15	S THE A	APPLICANT DELIN	QUENT	ON ANY FEDERAL DEBT?	
				—— г		(Attach explanation		Z _{NO}	
g. Total	\$	1	,800,000	0.00	1E3	(Attach explanation	on) <u>e</u>		
18. TO THE BEST OF M	Y KNOWLEDGI	AND BELIEF	. ALL DAT	A IN THIS	S APP	LICATION/PRI	EAPPL	ICATION ARE TRUE A	ND
CORRECT, THE DOCUM	MENT HAS BEE	N DULY AUT	HORIZED I	BY THE G	30VEI	rning Body	OF T	HE APPLICANT AND T	HE
APPLICANT WILL COMP		ATTACHED AS		S IF THE	ASSI	STANCE IS A			
a.Type Name of Authorized Repr			b. Title					c. Telephone Number	
Mary Buckle	γ		Exe	cutive D	<u>Direc</u>	tor		(707) 462-8582	
d Signature of Authorized Repres								e. Date Signed	
	suckley							3/15/04	
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	ASSISTANC	E		2. DATE SUE	MITTED			Appl	Versio
1. TYPE OF S	UBMISSION:			March 22, 200 3. DATE REC		Y STATE			Application Identifier
Construct		Pre-application		1		•			ł
□ Noπ-Cons	truction	Construction Non-Constr		4. DATE REC	EIAED B.	Y FEDERAL A	GENCY	Fede	ral Identifier
5. APPLICAN Legal Name:	TINFORMATIO	N	Eliáil		 				
Cliy of Firebau					1	Organizatio			
Organizational						Department City of Fireb			
143922875	DONS.					Division: Administrati	ion	-	
Address: Street:						Name and t	elephone	րստե	er of person to be contacted on matt
1575 Eleventh	Street	·			į	Prefix:	us appura	nou ((BIVE area code)
City:					<u> </u>	Mr.:		Jose	lame:
City: Firebaugh, CA	93622		L		1	Middle Name Antonio	e		
County; Fresno					[Last Name Ramirez		 	
State: California		Zlp Code	1/		 	Suffix:			
Country:		93622		-	1	City Manage	er	<u> </u>	
America :	DENTIE	ON NUMBER (EIN				Email: jar_31@hoti	mail.com		
	i		y: 			Phone Numb	per (give are	code	Fax Number (give area code)
B. TYPE OF A	000333				<u> </u>	(559) 659-20			(559) 659-3412
. THE OF A		(7-)		<u></u> .		7. TYPE OF	APPLICAN	T : (S	see back of form for Application Types)
Revision, ente	Me√ r appropriate let	rer(s) in boy(sc)	huation	l'i Revis	lan	Municipal			
See back of for	m for description	of letters.))			Other (specify	· /)		-
Other (specify)		. 4		Ш		•			
					:	9. NAME OF N/A:			
O. CATALOG	OF FEDERAL I	DOMESTIC ASSIS	TANCE	NUMBER:		11. DESCRIP	TIVE TITL	E OF	APPLICANT'S PROJECT
	_			1 0 - 7	9	Small Busine	ss Technic	al As:	sistance & Development
TITLE (Name of	Program);								A. a.
2. AREAS AF	ECTED BY PR	OJECT (Cities, Co	unties,	States, etc.):	 				MAR 19
City of Firebaug						-			STA
3. PROPOSED	PROJECT				1	14. CONGRE	SSIONAL	DIST	SIATE
Start Date: une 1, 2004		Ending Date: May 31, 2005				a. Applicant			b. Project
S. ESTIMATED	FUNDING:	17.29 01, 2003	r		-	20th District	CATION SI	ID IE	20th District
. Federal	<u> </u>					ORDER 123/2	4 PROCES	87	CT TO REVIEW BY STATE EXECUTIV
				73,535 `		a. Yes. D	HIS PREAL	PLIC	ATION/APPLICATION WAS MADE HE STATE EXECUTIVE ORDER 12372
. Applicant	\$			15,000		P	ROCESS F	OR F	EVIEW ON
. State	\$					D.	ATE:		
. Local	\$			12,700	-			L	
				•		b. Na. 🌃 🏻	ROGRAMI	S NO	T COVERED BY E. O. 12372
. Other	\$			34,431			R PROGRA	M H	S NOT BEEN SELECTED BY STATE
Program:Incom	ne \$			00		17. IS THE AF	OR REVIEW	DELI	NQUENT ON ANY FEDERAL DEBT?
. TOTAL	\$			100					
8 TO THE DES	T OF MY KNOW	W FROE AND DE		135,666		☐ Yes If "Yes	r attach an	expla	nation. 🕅 No
OCUMENT HA	S BEEN DULY	UTHORIZED BY	بادا, A THE GO	LL DATA IN TI OVERNING BO	HIS APPL DY OF TI	ICATION/PRE	APPLICAT	ION	ARE TRUE AND CORRECT, THE PLICANT WILL COMPLY WITH THE
Authorized Re		HE ASSISTANCE	IS AWA	ARDED.			- AND III	A F1	PLICANT WILL COMPLY WITH THE
reflx r.		First Name		· · · · · · · · · · · · · · · · · · ·	<u> </u>		Middle Nar	na	
st Name		Jose			i		Antonio		
amirez Title					1		Sufflx		
ity Manager					i.		c. Telepho	18 Nu	mber (give area code)
	thorized Repres	entative			<u> </u>		(559) 659- e. Date Sig		
Signature of Au					1			1	İ
evious Edition (<u> </u>			Ctond-15
evious Edition (Isable al Reproduction		-		· · · · · · · · · · · · · · · · · · ·				Standard Form 424 (Rev.9-200 Prescribed by OMB Circular A-1
evious Edition (-				I		Standard Form 424 (Rev.9-200 Prescribed by OMB Circular A-1

APPLICATION FOR				·	
FEDERAL ASSISTANCE		2. DATE SUBMITTED March 12, 2004		Applicant Identifier 240W0202	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE		State Application Identifier	
Application	Preapplication			F . 1 1 1	
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Construction	Non-Construction			<u> </u>	
5. APPLICANT INFORMATION Legal Name:			Organizational Unit:		
City of Firebaugh			Water Public Works		
Address (give city, county, State,	Name and telephone number of person to be contacted on matters involving this application (give area code)				
1575 Eleventh Street	Jose Antonio Ramirez (559) 659-2043				
6. EMPLOYER IDENTIFICATION	7. TYPE OF APPLICANT: (enter appropriate letter in box)				
94-6000333					С
			A. State	H. Independent Scho	stitution of Higher Learning
8. TYPE OF APPLICATION:			B. County C. Municipal	J. Private University	stitution of riigher Learning
✓ New	Continuation	Revision	D. Township	K. Indian Tribe	
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate	L. Individual	
"			F. Intermunicipal	M. Profit Organization	n
A. Increase Award B. Dec	rease Award C. Increas	e Duration	G. Special District	N. Other (Specify)	
D. Decrease Duration Other(specify):		9. NAME OF FEDERA	AL AGENCY:	AFCEN/ER
		1	9. NAME OF FEDERA	AL AGENCI.	
Reconstruction of two water treatment plants			USDA-RUS		MAR 1 8 2004
10. CATALOG OF FEDERAL DO	11. DESCRIPTIVE TI	TLE OF APPLICANT	S PROJECT:		
10-760			Modification and expansion of two (2) exeting water G HOU		
TIT! F.	treatment plants to improve quality and quantity of treated				
TITLE: 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):			water. Includes emergency power and enhanced fire flow		
City of Firebaugh, Fresno County, California			and domestic de	elivery.	
City of Firebaugh, Fresho					
13. PROPOSED PROJECT	14. CONGRESSIONAL D	ISTRICTS OF:			
Start Date Ending Date	a. Applicant Calvin	Dooley	b. Project	Calvin Dool	lev
9/1/04 9/1/05 15. ESTIMATED FUNDING:	Caivin	Dooley	16. IS APPLICATION		EW BY STATE EXECUTIVE
13. ESTIMATED FUNDING:			ORDER 12372 P		
a. Federal	\$		•		
		2,486,800			ICATION WAS MADE
b. Applicant	\$.00	1	.E TO THE STATE EX S FOR REVIEW ON:	ECUTIVE ORDER 12372
c. State	\$	400,000			
		400,000	- DATE		
d. Local	\$	•		AM IS NOT COVERE	
e. Other	\$.00			EN SELECTED BY STATE
	•		FOR RE	VIEW	
f. Program Income \$. 00	17. IS THE APPLICA	ANT DELINQUENT O	N ANY FEDERAL DEBT?
g. TOTAL	\$	2,886,800	Yes If "Yes,"	' attach an explanation	on. 🗹 No
	WILEDOE AND DELIES A	•	ICATION/DPEADDI ICA	TION ARE TRUE AN	ID CORRECT, THE
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY	WLEDGE AND BELIEF, A V AUTHORIZED BY THE G	CVERNING BODY OF T	HE APPLICANT AND	THE APPLICANT WIL	L COMPLY WITH THE
ATTACHED ASSURANCES IF			/		
a. Type Name of Authorized Re		b. Title		c. Telephone Numb	
Jose Antonio Ramirez		City Manager		(559) 659-204	3
d Cinneture of Authorized Pope	racantativa			e. Date Signed	

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Standard Form 424 (Rev. 7-97)
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APPLICAT	TION FOR					ppiovai 110: 00-10-00	
FEDERAL	ASSISTA	NCE	2. DATE SUBMITTED		Applicant Identifier		
TYPE OF SU	BMISSION:	<u> </u>	March 9 3. DATE RECEIVED I	2004 BY STATE	State Application Identifier		
Application Construct Non-Cons		Preapplication Construction X Non-Construction		BY FEDERAL AGENCY	Federal Identifier		
5. APPLICANT		IM Non-construction	<u> </u>				
Legal Name:	in on in the in			Organizational Unit:			
	Golden	Capital Net	work	Administ:			
Address (give city, county, State, and zip code):				number of person to be contact	ed on matters invol		
155 East Third Avenue Chico, CA 95926				this application (give of Jon Gregoria)	this application (give area code) Jon Gregory (530) 893-8828		
6 EMPLOYER				7. TYPE OF APPLIC	ANT: (enter appropriate letter in	box)	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 3 1 3 8 0 4 8				A. State			
8. TYPE OF AP	PLICATION:			1	B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe		
	Nev Nev	v Continuation	n Revision				
	2121			D. Township E. Interstate	L. Individual		
if Revision, ente	er appropriate let	ter(s) in box(es)	ALIVED I	F. Intermunicipal	M. Profit Organization		
A. Increase Award B. Decrease Award D. Decrease Duration Other(specify):			crease Duration MAR 1 6 2004	G. Special District	egas.		
		1	MAR *	9. NAME OF FEDER			
		OTA	TE CLEARING HOUSE	U.S. Dep Developm	t. of Commerce, ent Administrat	ion	
10. CATALOG	OF FEDERAL D	OMESTIC ASSISTAL	CENUMBER:	11. DESCRIPTIVE T	TILE OF APPLICANT'S PROJE	ECT:	
TITLE: Economic Adjustment Assistance 1.2. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Placer,				Demonstrate the power or cross- regional, local-to-global networ			
2 ADEAS AE	Economi	c Adjustmen	nt Assistance	to foste	to foster innovation-based entre		
12. AREAS AF	PECIED BIPK	Control Cities, Countrie	Placer	r, preneur	growth and new	industry	
			ilo, Yuba, El	cluster	development.		
13. PROPOSE	Nevada, D PROJECT	14. CONGRESSION	Santa Cruz, Cal	lif.: 1, 2,	4, 14, 17. Nev	7.: 2	
Start Date	Ending Date	a. Applicant		b. Project			
7 / 0 4 15. ESTIMATE	16/06	<u> L</u>		16 IS APPLICATIO	N SUBJECT TO REVIEW BY S	TATE EXECUTIVE	
	D FUNDING:		co	ORDER 12372 F			
a. Federal		\$ 1 470 00	· ^	a. YES. THIS PRE	EAPPLICATION/APPLICATION	WAS MADE	
b. Applicant		1,470,000			AVAILABLE TO THE STATE EXECUTIVE ORDER 12372		
b. Applicant			75,000		PROCESS FOR REVIEW ON:		
c. State		\$.00	DATE	3/9/04		
d. Local		\$.00		RAM IS NOT COVERED BY E. (
e. Other		\$ 555,00	.ºº	OR PRO	OGRAM HAS NOT BEEN SELE EVIEW	CTED BY STATE	
f. Program Inco	ome	\$.00	17 IS THE APPLIC	ANT DELINQUENT ON ANY FE	DERAL DEBT?	
g. TOTAL		\$.00		" attach an explanation.	☑ No	
DOCUMENT	HAS BEEN DUL	Y AUTHORIZED BY T	ĔF, ALL DATA IN THIS APP HE GOVERNING BODY OF	PLICATION/PREAPPLICATION AND	ATION ARE TRUE AND CORRI THE APPLICANT WILL COMPI	ECT, THE LY WITH THE	
	of Authorized Re	THE ASSISTANCE I	b. Title		c. Telephone Number		
•	Gregor	•	President	t & CEO	(530) 893-882	28	
d. Signature of	Authorized Repr	resentative			e. Date Signed	+	
	かじト	J \			Standard Form 42		
Previous Editio	,	v ()			Prescribed by OM	•	
Authorized for	Local Reproduct	masmoc,	Douglas, Cars	son City, St	orey,		
		in Neva	da				

OMB Approval No. 0348-0043 **APPLICATION FOR** Applicant Identifier 2. DATE SUBMITTED FEDERAL ASSISTANCE State Application Identifier 3. DATE RECEIVED BY STATE THE OF SUBMISSIONS Preapolication oplication 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier X Construction X Construction Non-Construction Non-Construction 5. APPLICANT INFORMATION Organizational Unit: Water System Legal Name: Artois Community Services District Name and telephone number of person to be contacted on matters involving Address (give city, county, State, and zip code): this application (give area code) P.O. Box 130 Randall Graham --530-934-3817 Artois, CA 95913 7. TYPE OF APPLICANT: (enter appropriate lotter in box) 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0455504 H. Independent School Dist. A. State I. State Controlled Institution of Higher Learning R. County B. TYPE OF APPLICATION: J. Private University C. Municipal Revision K. Indlan Tribe Continuation X New D, Township L Individual E, interstate If Revision, enter appropriate letter(s) in box(es) M. Profit Organization F. Intermunicipal G. Special District N. Other (Specify) C., Increase Duration B. Decrease Award A Increase Award D. Decrease Duration Other(specify): 9, NAME OF FEDERAL AGENCY: Rural Development 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: New well, Pressure Tank, Natural Gas 1 0 7 6 0 Engine, Fittings, Etc. TITLE: Water System - Loan & Grant 12. AREAS AFFECTED BY PROJECT (Cives, Counties, States, etc.): Artois Community Service District MAR 1 7 2004 14. CONGRESSIONAL DISTRICTS OF: Doug Ose 13. PROPOSED PROJECT STATE CLEARING HOUSE b. Project a. Applicant Start Date Ending Date 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 12/04 #3 3/04 , 25 TED FUNDING: ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE 303,000 a Federal Loan/Grant AVAICABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: b. Applicant 41,160 5 DATE _8/15/02__ c. State b. No. | PROGRAM IS NOT COVERED BY E. O. 12372 S Local OR PROGRAM HAS NOT BEEN SELECTED BY STATE 00 5 e. Olner FOR REVIEW CIC 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? \$ f. Program income Yes If "Yes," attach an explanation. X Na g, TOTAL 18. TO THE REST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE 343,000 DOCUMENT HAS BEEN DULY AUTHOD TEST TO ME GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE AWARDED. THACHED ASSURANCES IF THE AST 1. TV. c. Telephone Number 530-934-381.7 a. Type Name of Authorized Representative Randall Graham Chairman

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d. Signature of Authorized Representative

Slandard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

e. Date Signed

	OM	B Appr. No. 0348-0043				
APPLICATION FOR FEDERAL ASSISTANCE	2. Date Submitted	Applicant Identifier 09-108				
1. Type of Submission:	3. Date Rec'd by State	State Application Identifier				
Application Preapplication						
Construction Construction	4. Date Rec'd by Federal	Federal Identifier				
X Nonconstruction Nonconstruction		V 98955001				
5. Applicant Information:	Organizational Unit:					
Legal Name and Address:		Los Angeles Regional Water Quality Control Board				
(give city, county, state, and zip code)		Name and telephone of person to be contacted on matters				
State Water Resources Control Board		involving this application (give area code):				
1001 I Street, Sacramento County	ī ·	Dixon Oriola				
Sacramento, California 95814	(213) 5/0-0803	(213) 576-6803				
6. Employer Identification Number (EIN): 680281986						
	1	Independent School District				
6. DUNS Number: 808321913		State Institute of Higher Learning				
8. Type of Application:	, .	C. Municipal J. Private University				
New _X_ Revision Continuation		D. Township K. Indian Tribe				
If Revision, enter appropriate letter(s): _AC		E. Interstate L. Individual				
A. Increase Award B. Decrease Award	•	Profit Organization				
C. Increase Duration D. Decrease Duration	G. Special District N.	Other (specify)				
Other (specify)	O. Name of Fordered Agency					
10. C. d. L. (CE) de al Demonifo Agrictor de Number	9. Name of Federal Agency:	ntal Protection Agency				
10. Catalog of Federal Domestic Assistance Number 66.802	O. S. Environme.	mai Protection Agency				
Title: Superfund State, Political Subdivision, and	11. Descriptive Title of Applic	eant's Project				
Indian Tribe Site Specific Cooperative Agree		5 1 1 6 j v v v				
	I Inding is for the source ident	ification and assessment of				
12. Area Affected by Project:	ground water contamination of	existing wells for the San Gabriel				
(cities, counties, states, etc.)	Valley.					
I IIIII	2 2001					
13. Proposed Project:	- 1001					
Start Date End Date	14. Congressional District of:	•				
1/1/01 6/30/05	RING HOUSE3 Ca	oject:				
STATE CLEAR		lifornia - All				
15. ESTIMATED FUNDING:	16. Is the application subject t					
2010.000	Executive Order (EO) 12372 p					
a. Federal \$349,000		lication/preapplication was made				
b. Applicant \$0 c. State \$0	review on:	State EO 12372 process for				
	4	ite: March 12, 2004				
d. Local \$0 e. Other \$0	ı	is not covered by EO # 12372				
		has not been selected by the				
f. Program Income \$0	state for					
g. TOTAL \$349,000	17. Is the applicant delinquen					
g. 101AL \$349,000	YES, attach explanatio					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF	, ALL DATA IN THIS APPLICATION/	PREAPPLICATION ARE				
TRUE AND CORRECT, THE DOCUMENT HAS BEEN D	OULY AUTHORIZED BY THE GOVER	RNING BOARD OF THE				
APPLICANT, AND THE APPLICANT WILL COMPLY W	VITH THE ATTACHED ASSURANCES	S IF THE ASSISTANCE				
IS AWARDED.						
a. Typed Name of Authorized Representative	b. Title:	c. Telephone Number				
Celeste Cantú	Executive Direct	tor (916) 341-5615				
		D				
d. Signature of Authorized Representative		e. Date Signed:				